



APPEAL OF MOTOR VEHICLE ASSESSMENT FOR TITLE AD VALOREM TAX

NOTE: Filing this appeal form will create a review of the fair market value of the vehicle being appealed. Reasonable notice is herein provided that an onsite inspection of the subject property, by a County Tag Agent, may be performed.

NAME					
GA DRIVER LICENSE No.					
ADDRESS					
CITY		STATE		ZIP	

VIN NUMBER		MODEL	
YEAR		TAG NUMBER	
MAKE		DATE OF PURCHASE	

CUSTOMER PURCHASE PRICE
\$ _____
STATE ASSESSMENT VALUE
\$ _____

SUPPORTING DOCUMENTATION OR EVIDENCE
<i>Select Item(s) and Attach Copies</i> <input type="checkbox"/> Bill of Sale <input type="checkbox"/> Photographs <input type="checkbox"/> Odometer Statement <input type="checkbox"/> Other: _____ <input type="checkbox"/> Used Car Market Guide: _____

Reason(s) for Appeal Fully describe basis of appeal.

DECLARATION

I hereby appeal the valuation of my motor vehicle to the _____ County Tag Agent pursuant to O.C.G.A. § 48-5C-1(a)(1)(C)

Signature: _____ Date: _____

ASSIGNMENT OF REFUND (if applicable)

I _____ hereby grant and assign my rights to any title ad valorem tax fee refund issued pursuant to this appeal to the filing dealer. By signing below I agree that I will have no claim to the moneys, if any, refunded as a result of a finding of a reduced appeal value. By signing below I acknowledge that the refund, if any, issued pursuant to this appeal will be issued directly to and in the name of _____ and will be mailed to the following address: _____.

Signature of Assignor: _____

County Tag Office Only (Print Clearly and Legibly)

County of Appeal	Date Received	Received By	Appealed Value	Assessor Value	Final Value