

LINCOLN COUNTY VEHICLE INFORMATION APPEAL FORM

Abstract Number: _____ Today's Date: _____
 Name: _____ Tax Billing Date: _____
 Address: _____ Tax Amount Due: _____

 Phone # _____ Cell # _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____
 Purchase Price: _____
 Date Purchased: _____ (including trade-in allowance) _____
 Today's Milage: _____ Estimate January 1, 20__ : _____ Mileage: _____

In your opinion, please state the full **fair market value** of this vehicle:

Owners Opinion of Value (As of Today's Date) \$
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Owner's Opinion of Value (As of Jan. 1, 20__) \$

County Assessed Value (Average Retail) \$
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SUPPORTING INFORMATION SUBMITTED BY OWNER

_____ Purchase Bill of Sale _____ Copy of Newspaper Advertisement _____ Photos (Dated, Yes or No)
 _____ Official Appraisal _____ Damage or Repair Estimates _____ Other (See Attached)

G.S 105-283 requires that all personal property be appraised at its true value in money as of January 1. For vehicles, true of fair market value is defined as the average retail price that a buyer would be required to pay at a retail automobile dealership including trade-in. The value assigned by the tax office assumes that the subject vehicle is in average condition with average mileage (approximately 15,000 miles per year) for its age. A vehicle that does not fit these assumptions may justify adjustment in value. The reason(s) for appeal of the subject property must be stated in writing below. An owner who appeals the appraised value of a classified motor vehicle shall pay the tax on the vehicle when due, subject to a full or partial refund if the appeal results in a change.

Reason for Value Reduction: _____

Owner's Signature: _____ Date: _____

This form must be returned within 30 days of the due date shown on the tax notice to Lincoln County Tax Department, 100 East Main Street, Lincolnton, NC 28092 or we will assume that you do not wish to proceed and your appeal will be automatically dismissed.

Note: A review of your vehicle may result in your assessment being: Reduced / Increased / No Change

TAX DEPARTMENT USE ONLY

RECOMMENDATION:
 Reduce Value To: _____ Increase To: _____ No Change: _____

Recommended by: _____ Date: _____