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: ____________________________
Date Purchased: ____________________________  Purchase Price: ____________________________
(Total including trade-in allowance)
Today's Miles: ____________________________  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) $ ____________________________
Owner's Opinion of Value
(As of Jan. 1, 20___) $ ____________________________
County Assessed Value
(Average Retail) $ ____________________________

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: ____________________________