LINCOLN COUNTY PERSONAL PROPERTY APPEAL FORM

Name: _______________________________ Date: __________________
Address: ___________________________________________ Account #: __________________
__________________________________________________________ Tax Year: __________

G.S 105-283 request that all personal property be appraised at the true value in money as of January 1. Please enter the following data:
Tax Value: __________________ Taxpayer’s Opinion of Value: __________

Please circle which of the following personal property this appeal is for:
Manufactured home    Vehicle    Boat    Aircraft    Other: ______________

Personal property information:
Year: ___________ Make: ___________ Model: ___________
Vin# or ID#: ___________ Year Purchased: ________ Purchase Price: __________

If this is for a manufactured home, please fill in the following data:

Address of Manufactured Home: __________________________________ Size: __________ x
Number of Bathrooms: ______ Air Conditioning: Yes or No Power: Yes or No
Circle which of the following is this manufactured home used for: Storage Home Rental

Please state factors to be considered in the valuation of this personal property:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Supporting information submitted by owner:
_____ Photos _____ Purchase Bill of Sale _____ Official Appraisal
_____ Copy of Newspaper Advertisement _____ Other

This form must be returned with 30 days of the billing date shown on your bill 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.
A review of your personal property may result in your assessment being: Reduced /Increased /No Change

Taxpayer’s Signature __________________________________________ Phone # ___________

TAX DEPARTMENT USE ONLY

Recommended Value: __________________________________________ No Change: __________
Recommended by: __________________________________________ Date: __________