

BOARD OF TAX ASSESSORS
901 N PINE ST SUITE 106
Springfield, GA 31329
912-754-2125

RE: APPEAL THE VALUE OF MOTOR VEHICLE (Appeal process as provided in O.C.G.A. 48-5-311)

Property Owner/ Person Filing Appeal: _____

Current Mailing Address: _____

City/State _____ Zip Code: _____

Telephone Number: _____ Email: _____

The following information is needed on your vehicle so that your appeal can be processed in a timely manner:

Make: _____ Year: _____

Model: _____ Type: _____

Engine: _____ Transmission: _____

If engine has been rebuilt, please note number of hours on new engine.

Drive Train: _____ Mileage: _____

Please check the following equipment on your vehicle:

<input type="checkbox"/> 100" W.B	<input type="checkbox"/> CD Changer/ Stacker	<input type="checkbox"/> Custom Bumper
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Premium Sound	<input type="checkbox"/> Grille Guard
<input type="checkbox"/> Rear Air	<input type="checkbox"/> ABS (4-Wheel)	<input type="checkbox"/> Winch
<input type="checkbox"/> Power Steering	<input type="checkbox"/> Leather	<input type="checkbox"/> Optional Fuel Tank
<input type="checkbox"/> Power Windows	<input type="checkbox"/> Quad seating	<input type="checkbox"/> Towing Package
<input type="checkbox"/> Power Door Locks	<input type="checkbox"/> Flip-up Roof	<input type="checkbox"/> Alloy Wheels
<input type="checkbox"/> Tilt Wheel	<input type="checkbox"/> Sliding Sun Roof	<input type="checkbox"/> Premium Wheels
<input type="checkbox"/> Cruise Control	<input type="checkbox"/> Moon Roof	<input type="checkbox"/> Wide Tires
<input type="checkbox"/> AM/FM Stereo	<input type="checkbox"/> Oversize Off-Road Tires	<input type="checkbox"/> Roof Rack
<input type="checkbox"/> Cassette	<input type="checkbox"/> Privacy Glass	<input type="checkbox"/> Hydraulic Lift
<input type="checkbox"/> Compact Disc	<input type="checkbox"/> On Star	<input type="checkbox"/> Running Boards
<input type="checkbox"/> MP 3 Player	<input type="checkbox"/> DVD System	<input type="checkbox"/> Parking Sensors

Please select the vehicle condition and explain any mechanical defects or problems, visual defects, blemishes, paint and frame condition and any other problem you would like to Board to consider.

☐ Poor ☐ Fair ☐ Good ☐ Excellent

I estimate the true worth and value of this vehicle to be: _____

I believe the information given is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Please attach: Copy of motor vehicle bill with current assessment and due date (used to determined appeal deadline)