

**APPEAL OF MOTOR VEHICLE ASSESSMENT FOR DIGEST YEAR : \_\_\_\_\_**

*I hereby appeal the valuation of my motor vehicle to the \_\_\_\_\_ County Board of Assessors pursuant to O.C.G.A. 48-5-311.*

Appeal No: \_\_\_\_\_

<b>Name</b>				<b>Home Phone</b>	
<b>Address</b>				<b>Work Phone</b>	
<b>Address</b>				<b>Email Address</b>	
<b>City</b>		<b>State</b>		<b>Zip</b>	

Property / Appeal Type (Check One)

Motor Vehicle - Ad Valorem
  Motor Vehicle - Title Tax

<b>Vehicle ID Number</b>		<b>Tag Number</b>	
<b>Year / Make / Model</b>			

**Specify Grounds for Appeal:**

<b>Grounds for Appeal</b>	
Value	

**You must select only one of the following options:**

BOE: appeal to the county board of equalization with appeal to the superior court (any / all grounds)

\*  ARBITRATION: to arbitration without an appeal to the superior court (valuation is only grounds that may be appealed to arbitration)

**\* Additional Cost / Fees May apply**

Property Owner Comments

---



---



---



---

_____ <b>Signature of Property Owner or Agent</b>	_____ <b>Owner / Agent Declared Value</b>
--	--

**NOTE: If the appeal form is signed by an agent, a letter of authorization must accompany the filing of the appeal.**

<b>Agent's Address:</b>	_____	<b>Agent's Phone #</b>	_____
	_____	<b>Agent's Email Address:</b>	_____
	_____		

**NOTE:** Filing of this document 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 member of the county appraisal staff may be performed.

Assessors Use		Taxpayer's Appealed Value	TAO Final Value
Use	100%		
Only	40%		

<b>Date Received:</b>	_____	<b>Received By:</b>	_____
-----------------------	-------	---------------------	-------