



**Property Appraisal Department**  
**Calvin C. Hicks, Jr., CAE, RES, GCA**  
**Chief Appraiser**

**APPEAL OF MOTOR VEHICLE ASSESSMENT FOR DIGEST YEAR 20\_\_\_\_\_**

Owner's Value Assertion (required):	\$ _____
-------------------------------------	----------

Name:	Email:
Address Line 1:	
Address Line 2:	
Daytime Phone:	

Date Tax Commissioner Notified of Appeal \_\_\_\_\_

<i>Vehicle Appeal Type (Check One)</i>	
<input type="checkbox"/> Motor Vehicle Annual Ad Valorem Tax (AAVT)	<input type="checkbox"/> Motor Vehicle Title Ad Valorem Title Fee (TAVT)
Vehicle ID Number _____	
Vehicle Year/Make/Model _____	
<b>You must select only one of the following options:</b>	
<b>Specify Grounds for Appeal</b> <b>Check all that apply</b>	<input type="checkbox"/> BOE appeal to the county Board of Equalization with appeal to the Superior Court (any grounds)
Value <input type="checkbox"/>	* <input type="checkbox"/> NON-BINDING ARBITRATION without rights to appeal to the Superior Court (valuation is the only grounds for appeal)
Taxability <input type="checkbox"/>	* <input type="checkbox"/> Affidavit of illegality
Exemption Denied <input type="checkbox"/>	<b>*Additional Cost/Fees/and Bond may be required</b>

**The following information must be provided by the appellant: (Please Print)**

A list of optional equipment installed on the vehicle, a general description of the condition of the vehicle, and a statement of the vehicle's mileage as of January 1 or time of purchase.

Attach a copy of the motor vehicle registration, bill of sale or purchase agreement and any other documentation that will aid the review process.

**Motor Vehicle appeals must be postmarked or received no later than 45 days from the due date of the TAVT Fee or postmarked on or before the due date of the tax (AAVT), whichever is applicable. (See O.G.C.A. 48-5-311)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR ASSESSORS USE ONLY**

Agenda Date \_\_\_\_\_ Agenda Decision: \_\_\_\_\_

Date Tax Commissioner Notified of Decision: \_\_\_\_\_

