

DEKALB COUNTY BOARD OF ASSESSORS

325 Swanton Way • Decatur, GA 30030 • 404-371-2479

APPEAL OF MOTOR VEHICLE ASSESSMENT

Motor Vehicle Appeal Form

Digest Year:

OWNER / CONTACT INFORMATION

Owner's Asserted Value * (required)

\$

Name *

Email

Address Line 1 *

Address Line 2

Daytime Phone

VEHICLE INFORMATION

Vehicle Appeal Type * (select one)

☐ Motor Vehicle Annual Ad Valorem Tax (AAVT)

☐ Motor Vehicle Title Ad Valorem Title Fee (TAVT)

Vehicle ID Number (VIN)

Year / Make / Model

GROUND FOR APPEAL (check all that apply)

☐ Value

☐ Taxability

☐ Exemption Denied

APPEAL PATH (select only one)

☐ Board of Equalization (BOE)

Appeal to county BOE, then Superior Court. Any/all grounds.

☐ Non-Binding Arbitration

No right of appeal to Superior Court. Valuation is the only ground. Fees/bond may apply.

☐ Affidavit of Illegality

Additional costs, fees, and bond may be required.

REQUIRED INFORMATION FROM APPELLANT

Provide a list of optional equipment installed on the vehicle, a general description of the vehicle's condition, and the vehicle's mileage as of January 1 or the date 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.

Optional equipment, condition, and mileage

DEADLINE: 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 applies. (O.C.G.A. § 48-5-311)

SIGNATURE

Signature of Owner or Agent *

Date *

FOR ASSESSORS USE ONLY — Do not complete this section

Agenda Date: _____

Agenda Decision: _____

* Required fields