

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: _____					
Name				Home Phone	
Address				Work Phone	
Address				Email Address	
City		State		Zip	
<input type="checkbox"/> Motor Vehicle - Title Tax Property / Appeal Type (Check One) <input type="checkbox"/> Motor Vehicle - Ad Valorem					
Vehicle ID Number			Account Number		
Year / Make / Model					
Specify Grounds for Appeal: <input type="checkbox"/> Value <input type="checkbox"/> Taxability			You must select only one of the following options: <input type="checkbox"/> BOE: appeal to the county board of equalization with appeal to the superior court (any / all grounds) * <input type="checkbox"/> ARBITRATION: to arbitration without an appeal to the superior court (valuation is only grounds that may be appealed to arbitration)		
Mileage: _____					
Condition: <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent			* Additional Cost / Fees May apply		
Property Owner Comments					
Signature of Property Owner or Agent			Owner / Agent Declared Value		
NOTE: If the appeal form is signed by an agent, a letter of authorization must accompany the filing of the appeal.					
Agent's Address:			Agent's Phone #		
_____			_____		
_____			Agent's Email Address:		
_____			_____		
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 Only	100%	Taxpayer's Appealed Value	TAO Final Value		
	40%				
Date Received:			Received By:		