

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		

Property / Appeal Type (Check One)

Motor Vehicle - Ad Valorem
 Motor Vehicle - Title Tax

Vehicle ID Number		Tag Number	
Year / Make / Model			

Specify Grounds for Appeal:

Grounds for Appeal	
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

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

Date Received:

Received By: