

MOTOR VEHICLE APPEAL FORM

Henderson County Tax Department
200 North Grove Street Suite 102
Hendersonville, NC 28792
Phone (828) 697- 4870 Fax (828) 697- 4578
www.hendersoncountync.org/ca

County Assessor
Stan C. Duncan

Administrative Assistant II
Sandy Allison

Owner's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Location of Motor Vehicle _____

License Plate Number _____

Vehicle Identification Number _____

Year _____ Make _____ Model _____

Condition of Vehicle Poor Fair Good New

Miles on Vehicle as Of January 1, 2012 _____

Purchase Date _____ Purchase Price _____

Was Vehicle Purchased New Used

Henderson County's Appraised Value as of January 1, 2012 _____

Owner's Opinion Of Market Value as of January 1, 2012 _____

Owners' Opinion Of Value Is Based On The Following Facts:

Owner's Signature _____ Date _____ Day Phone _____

Information to support your opinion of value is essential. Please attach copies of any appraisals or other pertinent information.

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FOR OFFICE USE ONLY

Tax Year _____ Year For _____ Abstract Number _____

Date of Tax Bill _____ Date Appeal Received _____ Timely Appeal _____

Application Processed By _____ Physically Inspected By _____ Date _____