



Office of the Auditor
Post Office Box 179 / Bamberg, South Carolina 29003

APPEAL FORM

Directions: Value Information must be from certified dealer. Value reflected should not be less than finance value. Must be filled in completely to be considered for appeal. This form must be returned ten days before due date to be ready before payment. This office and/or the Department of Revenue may contact the dealer and/or owner providing the valuation below. (Revised 9/10/2013)

Dealer Business Name: _____

Owner of Dealership Name: _____

Dealer Address: _____

Dealership Telephone: _____

Property Type

Vehicle: _____ Camper: _____ Motorcycle: _____ Boat: _____ Motor: _____

Property Information

Year: _____ Make: _____ Model: _____

Mileage: _____ VIN: _____

Title # (Boats and Motors): _____

Dealership Value: \$ _____ (Attached a copy of source of this value)

This value should be fair market value of property at time of appeal. Any other information applicable to this appeal should be listed below.

Dealer's Signature: _____

Date: _____

Owner's Signature: _____

Date: _____

Office Use Only

Determination of Appeal: _____

Source of Information: _____
