



HENDERSON COUNTY ASSESSOR

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Harry Rising
Tax Administrator

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REGISTERED MOTOR VEHICLE REQUEST FOR APPEAL

INSTRUCTIONS:

- NC Statutes governing your right to appeal the value of your vehicle are found in NCGS 105-330.2 *et seq.*
- The value of a Motor Vehicle must be appealed within 30 days of the date the taxes are due. You should pay the tax due on the vehicle when it is due. If the Appeal is decided in your favor, you will receive a full or partial refund (depending on the results of your Appeal).
- It's important that you fully complete all sections of this form.
- Information to support your opinion of value is essential. At the time you file your Appeal, please attach copies of invoices, appraisals or other information you believe to be pertinent in supporting your opinion of value.
- Once this Appeal is received, the Assessor's Appraisal staff will evaluate the value of your vehicle and determine if an adjustment is warranted. As part of this evaluation, we may request to physically inspect the vehicle. You will be notified of the Assessor's decision within 15 days.
- If you disagree with the Assessor's decision, you have the right to appeal in accordance with NCGS 105-312(d).

Owner's Name: _____

Mailing Address: _____
Street Address City State Zip

Physical Location of Vehicle: _____ License Plate Number: _____ VIN Number: _____
(Include the Street Address of where the vehicle is located)

Year: _____ Make: _____ Model: _____ Condition of Vehicle: Poor Fair Good New

Purchase Date: _____ Purchase Price: _____ Was the Vehicle purchased: New Used

Miles on Vehicle as of most recent January 1st: _____ County's Appraised Value as of most recent January 1st: _____

Owner's Opinion of Value: _____

Owner's Opinion of Value is based on the following Facts:

- **Information to support your opinion of value is essential. At the time you file your Appeal, please attach copies of invoices, appraisals or other information you believe to be pertinent in supporting your opinion of value.**

Owner's Signature: _____ Date: _____

Daytime Phone: _____ Email Address: _____

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Tax Year: _____ Year For: _____ Abstract Number: _____ Date of Tax Bill: _____

Date Appeal Received: _____ Timely Appeal: Yes No

Application Processed by: _____ Vehicle Physically Inspected by: _____ Date: _____