APPLICATION FOR INFORMAL APPEAL OF RV/TRAVEL TRAILER

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                                       Administrative Assistant II
Stan C. Duncan                                                                                  Sandy Allison

Owner’s Name______________________________________________________________________________

Mailing Address____________________________________________________________________________

City________________________________________State____________Zip_______________________________

Physical Address of RV/Travel Trailer____________________________________________________________________________

Description Of RV/Travel Trailer____________________________________________________________________________

Vehicle Identification Number____________________________________________________________________________

Year__________ Make_________________ Model_____________________________________________________

License Plate Number_________________ License Plate Expiration Date ________________________________

Condition Of Vehicle    ☐ Poor    ☐ Fair    ☐ Good    ☐ New

Miles On Vehicle As Of January 1, 2011 (if applicable)_____________________________________________

Was Purchased    ☐ New    ☐ Used    Purchase Date____________Purchase Price___________________________

Value Of Vehicle On Tax Bill, ______________________________________________________________________

NORTH CAROLINA GENERAL STATUTE 105-330.2(a) “VALUE SHALL BE DETERMINED AS OF JANUARY 1 OF THE
YEAR TAXES ARE DUE.”

Owner’s Opinion Of Market Value as of January 1, 2011___________________________________________

Owner’s Opinion Of Value Is Based on the Following:

___________________________________________________________________________________________

___________________________________________________________________________________________

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I DO HEREBY ATTEST THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY.

Owner’s Signature____________________________Date ___________Day Phone _____________________________

___________________________________________________________________________________________

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________