

# MOTOR VEHICLE REQUEST FOR APPEAL

## Henderson County Assessor

200 N. Grove Street, Ste. 102  
Hendersonville, NC 28792  
Phone (828) 697-4870 ▪ Fax (828) 697-4578  
[www.hendersoncountync.org/ca](http://www.hendersoncountync.org/ca)

Tax Administrator  
Darlene Burgess

Administrative Assistant II  
Lisa Obermiller

### 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 January 1, 2017: \_\_\_\_\_ Henderson County's Appraised Value as of January 1, 2017: \_\_\_\_\_

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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**FOR OFFICE USE ONLY**

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: \_\_\_\_\_