

APPLICATION FOR INFORMAL APPEAL OF RV/TRAVEL TRAILER

**Office of the Henderson County Assessor
200 North Grove Street Suite 102
Hendersonville, NC 28792
Phone (828) 697- 4870 Fax (828) 697- 4578
www.hendersoncountync.org/ca**

Tax Administrator
Darlene Burgess

Administrative Assistant II
Lisa Obermiller

Owner's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address of RV/Travel Trailer _____

Description of RV/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, 2016 (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, 2016 _____

Owner's Opinion of Value Is Based on the Following:

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 _____