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**NEWBERRY COUNTY AUDITOR’S OFFICE**

**DONNA W LOMINACK, AUDITOR**

**HIGH MILEAGE APPEAL FORM**

Under the penalties prescribed by law, I hereby certify that the information given below is correct and true to the best of my knowledge and belief.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, appeal my vehicle taxes based on the

OWNER SIGNATURE

vehicle mileage of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ miles.

ODOMETER READING

This \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_.

Receipt Number on Original Bill \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OFFICE USE ONLY

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For your convenience, you may fax to (803) 321-2106 or email

[kking@newberrycounty.gov](mailto:kking@newberrycounty.gov)