



HAYWOOD COUNTY ASSESSOR'S OFFICE  
PERSONAL PROPERTY DIVISION

**Registered Motor Vehicle Appeal**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_  
VIN: \_\_\_\_\_ License/Tag # \_\_\_\_\_  
Current Tax Value: \$ \_\_\_\_\_ Owner's opinion of value \$ \_\_\_\_\_

I wish to appeal the assessment on the Registered Motor Vehicle described above for the following reason(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mileage: \_\_\_\_\_  
Windshield / windows cracked? Yes / No \_\_\_\_\_  
Condition of paint? \_\_\_\_\_  
Body rust? Yes / No \_\_\_\_\_  
Body scratches, scrapes, dents? Yes / No \_\_\_\_\_  
Seats, dash, or panels torn, cracked or damaged? Yes / No \_\_\_\_\_  
Has vehicle ever in accident? Yes / No \_\_\_\_\_  
Repairs? \_\_\_\_\_  
Mechanical issues? \_\_\_\_\_

I by signing this document I agree to the above reappraisal of my registered motor vehicle and acknowledge that this reappraisal applies to this tax year only.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Per General Statute 105-330.2(b1), an owner who appeals the appraised value or taxability of a classified motor vehicle must pay the tax on the vehicle when due, subject to a full or partial refund if the appeal is decided in the owner's favor.**

**OFFICE USE ONLY** – Appraiser \_\_\_\_\_ Reviewed by \_\_\_\_\_  
General condition of vehicle: Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_  
Adjustment given \_\_\_\_ Yes \_\_\_\_ No Percent of adjustment \_\_\_\_\_ New tax value \_\_\_\_\_