

## Montgomery County Commissioner of the Revenue

Jesse R. Moore, Commissioner of the Revenue

## **APPEAL OF PERSONAL PROPERTY ASSESSMENT**

## **INSTRUCTIONS**

Please review the form carefully and answer all questions. The condition of the item must be below average and must not be due to average wear and tear on the item. If the condition of the item is not restored, then an appeal form must be filed each year with the Commissioner of the Revenue by May 1st.

If the appeal form is filed within 10 days of the bill due date the entire bill should be paid to avoid penalty and interest. Any adjustments made will result in a refund or credit on another bill.

Return the form and all supporting documentation to the Commissioner of the Revenue, Attn: Personal Property Appeals, 755 Roanoke St, Suite 1A, Christiansburg, VA 24073

The information may be faxed to (540) 381-6838, emailed to moorejr@montgomerycountyva.gov, or returned in person to the Commissioner's Office.

| OWNER'S                                                                                                                                                                                                                                                                                                                                          |                                            |      |       |                   | ACCOUNT #           |                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------|-------|-------------------|---------------------|---------------------|--|
| NAME                                                                                                                                                                                                                                                                                                                                             |                                            |      |       |                   |                     |                     |  |
|                                                                                                                                                                                                                                                                                                                                                  | LAST                                       |      | FIRST | MI                |                     |                     |  |
| MAILING                                                                                                                                                                                                                                                                                                                                          |                                            |      |       | FEDERAL ID OR SS# |                     |                     |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                          |                                            |      |       |                   |                     |                     |  |
| CITY                                                                                                                                                                                                                                                                                                                                             |                                            |      |       |                   | DAYTIME PHC         | DNE #               |  |
| STATE/ZIP                                                                                                                                                                                                                                                                                                                                        |                                            |      |       |                   |                     |                     |  |
| Email Address                                                                                                                                                                                                                                                                                                                                    |                                            |      |       |                   | ı                   |                     |  |
| DESCRIPTION                                                                                                                                                                                                                                                                                                                                      |                                            | YEAR | MAKE  |                   | MODEL               |                     |  |
| OF ITEM                                                                                                                                                                                                                                                                                                                                          |                                            |      |       |                   |                     |                     |  |
| LICENSE                                                                                                                                                                                                                                                                                                                                          | ODOMETER READING AS OF JANUARY 1 OF TAX YE |      |       | OF TAX YEAR       |                     | RECEIVED DATE       |  |
| PLATE #                                                                                                                                                                                                                                                                                                                                          |                                            |      |       |                   |                     | FOR OFFICE USE ONLY |  |
| REASON FOR APPEAL  Body Damage Is the item inoperative or junked? Yes No                                                                                                                                                                                                                                                                         |                                            |      |       |                   |                     |                     |  |
| Mechanical Problems  Is the item still titled at DMV Inland Fisheries?                                                                                                                                                                                                                                                                           |                                            |      |       |                   | r                   | Yes No              |  |
| Briefly describe the condition of the item and the reasons for appealing the current assessment. Attach all necessary documentation detailing the condition of the vehicle, repair estimates and photographs. Attach additional sheets if necessary. The appeal will be denied if supporting documentation is not included with the appeal form. |                                            |      |       |                   |                     |                     |  |
|                                                                                                                                                                                                                                                                                                                                                  |                                            |      |       |                   |                     |                     |  |
|                                                                                                                                                                                                                                                                                                                                                  |                                            |      |       |                   |                     |                     |  |
| OWNER CERTIFICATION                                                                                                                                                                                                                                                                                                                              |                                            |      |       |                   | FOR OFFICE USE ONLY |                     |  |
| I certify that the above statements of fact are true to the best of my                                                                                                                                                                                                                                                                           |                                            |      |       | Original Assess   | ment                |                     |  |
| knowledge.                                                                                                                                                                                                                                                                                                                                       |                                            |      |       | Less Appeal Ad    | justment            |                     |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                        |                                            |      |       | Reassessed Va     | Reassessed Value    |                     |  |
| DATE                                                                                                                                                                                                                                                                                                                                             |                                            |      |       | Authorized By     |                     |                     |  |
|                                                                                                                                                                                                                                                                                                                                                  |                                            |      |       | •                 |                     |                     |  |