



Office of Auditor

Sharon West, County Auditor

High Mileage Appeal Form

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

I, _____, **APPEAL MY VEHICLE TAXES BASED ON**
OWNER SIGNATURE

THE VEHICLE MILEAGE OF _____ miles.
(odometer reading)

THIS _____ DAY _____, 20_____.

Receipt Number on Original Bill: _____

OFFICE USE ONLY

LAST NAME: _____

RECEIPT # _____

For your convenience, you may email this form to:

countyauditor@spartanburgcounty.org