



Lara M. S. Overy  
Commissioner

**COMMISSIONER OF THE REVENUE**  
P.O. Box 245, Williamsburg, Virginia 23187  
Phone (757) 220-6150  
www.williamsburgva.gov



## APPEAL OF VEHICLE PERSONAL PROPERTY TAX ASSESSMENT

NAME		TAX YEAR	
ADDRESS			
SSN	DAYTIME PHONE #	EMAIL	
VEHICLE INFORMATION			
YEAR	MAKE	MODEL	
TITLE #		VIN #	
PURCHASE PRICE		CITY ASSESSMENT	BILL #

### APPEAL BASIS

- The assessment does not take into consideration the vehicle's unusually high mileage on January 1 of the tax year being appealed.

*I have attached a copy of a state vehicle safety inspection certificate, vehicle repair document or other similar documentation which clearly identifies the vehicle and mileage on or prior to January 1 of the tax year being appealed.*

- The assessment does not take into consideration extensive unrepaired body damage or serious unrepaired mechanical defects that existed on January 1 of the tax year being appealed.

*I have attached a detailed damage and repair estimate written by an insurance adjuster, auto appraiser, or auto repair facility on business letterhead which clearly identifies the vehicle and includes the name, address, telephone number and signature of the adjuster or appraiser. I have also included each devaluing condition (e.g., excessive rust, body damage, missing engine) and its associated amount which reduced the vehicle's value below the fair market value assessed by the City.*

Describe briefly the condition of the vehicle as of January 1 of the aforementioned tax year, which makes this appeal necessary. (Use a blank sheet of paper if more space is needed.)

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**\*\*SUBMISSION OF APPEAL DOES NOT RELIEVE YOU OF THE REQUIREMENT  
TO PAY ANY TAX DUE BY THE GIVEN DEADLINE\*\***

*I hereby certify that the above statements of facts are correct and true to the best of my knowledge, and the condition of this vehicle as evidenced by the attached documents existed as of January 1 of the tax year being appealed.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE