



OFFICE Of

Lancaster County Auditor

P.O Box 2016 Lancaster SC 29721

Office: (803) 285-7424 Fax: (866) 982-5586

High Mileage

Date: _____

To: _____

Fax #: _____

FROM: SUSAN HUNTER WALLACE, COUNTY AUDITOR

DESCRIPTION

*******MUST APPEAL AND RECEIVE ON OR BEFORE DUE DATE*******

DETACH AND RETURN LOWER PORTION BY DUE DATE!!!!

HIGH MILEAGE APPEAL FORM-LANCASTER COUNTY AUDITOR'S OFFICE

Application for appeal for the appraisal of personal property listed in the vehicle guide published by the SC Department of Revenue as provided by Section 12-37-2680 and Regulation 117-129

Owner: _____ Current Mileage: _____

Year: _____ Make: _____ Vin#: _____

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

DATE SIGNED: _____

SIGNATURE: _____

(Signature of Owner)