



**OFFICE OF AUDITOR**  
**DONNA W. LOMINACK, AUDITOR**

**High Mileage Appeal Form**

Under the penalties prescribed by law, I hereby certify that the information given below 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 \_\_\_\_\_

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OFFICE USE ONLY

LAST NAME \_\_\_\_\_

RECEIPT # \_\_\_\_\_

For your convenience, you may fax to (803) 321-2106 or email [smurphy@newberrycounty.net](mailto:smurphy@newberrycounty.net)