

FULTON COUNTY BOARD OF ASSESSORS
235 Peachtree Street, NE, Suite 1400
ATLANTA, GEORGIA 30303
404-612-6440



APPEAL OF MOTOR VEHICLE ASSESSMENT FOR DIGEST YEAR:	2023
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Vehicle Owner's Name: _____	Date: _____
Mailing Address: _____	Home Phone: _____
_____	Work Phone: _____
_____	Cell Phone: _____
_____	Email address: _____

Vehicle Appeal Type (Check One)

Ad Valorem Title Tax

Vehicle ID Number: _____ **Account Number:** _____

Vehicle Year/Make/Model: _____

Specify Grounds For Appeal:	You must select only one of the following options:
Value <input type="checkbox"/>	<input type="checkbox"/> BOE: Appeal to the county board of equalization with appeal to the superior court (any / all grounds)
Taxability <input type="checkbox"/>	* <input type="checkbox"/> ARBITRATION: To arbitration without an appeal to superior court (valuation is only ground that may be appealed)
Exemption Denial <input type="checkbox"/>	* <input type="checkbox"/> Affidavit of Illegality
	* Additional cost/fees and bond may apply

Vehicle Owner Comments: _____

Owner's Opinion of Value: _____

Signature Of Vehicle Owner or Agent: _____

Note: If the appeal form is signed by an agent, a letter of authorization must accompany the filing of the appeal.

Agent's Name & Mailing Address: (Please Print) _____

Agent's Telephone #: _____

Agent's Email Address: _____

Note: Filing of this document will create a review of the fair market value of the vehicle being appealed. Reasonable notice is hereby provided that an onsite inspection by a member of the county appraisal staff may be required.

Received By: _____ **Date Received:** _____