

**GEORGETOWN COUNTY AUDITOR**  
**129 SCREVEN ST., PO BOX 421270**  
**GEORGETOWN, SOUTH CAROLINA 29442**  
**PHONE: 843-545-3021**  
**FAX: 843-545-3284**

FORMS ON LINE, COURTESY OF AUDITOR'S OFFICE

**You may appeal the appraised value of your vehicle because of high mileage if the vehicle averages more than 15,000 miles annually based on the age of the vehicle. The appeal can only be requested during your renewal period right after you receive the notice but before the end of the month that your taxes are due on the vehicle. You the owner are responsible for knowing your vehicle expiration date in the event you do not receive a tax notice. If you wish to appeal, please fill in the following form and email, fax, or mail to us. Please allow a 24-hour response time (excluding weekends & holidays) for a reply. If amended, the office will send you an amended tax notice. Your request may also be denied. The auditor's office will respond in kind by email, fax, or mail and hopes that this electronic form provides a service for you. Any questions, call the auditor's office, 843-545-3021.**

**You can pay by credit card online by doing the following: Online – [www.georgetowncountysc.org](http://www.georgetowncountysc.org) Phone – 1-800-272-9829 Fees may be attached, please review payment information**

Owner Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(If different from above)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN #: \_\_\_\_\_ Tax Receipt #: \_\_\_\_\_

Owner Name \_\_\_\_\_

**CURRENT ODOMETER READING**

Odometer reading: \_\_\_\_\_ (Exact mileage shown on odometer)

**I understand that the auditor may require a sight verification of the above indicated vehicle's odometer reading. I certify that the following is a true and accurate odometer reading for this vehicle as of this date. I understand that under penalty of law, I am hereby certifying that the information given herein is correct and true to the best of my knowledge and belief.**

Taxpayer or Authorized agent: \_\_\_\_\_

Date: \_\_\_\_\_ Email address: \_\_\_\_\_

**To avoid penalties, please allow time for a reply and time to pay taxes before due date.**

**If emailing, please complete, save form to your desktop and email to: [auditor@georgetowncountysc.org](mailto:auditor@georgetowncountysc.org)**