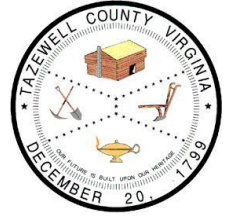




**TAZEWELL COUNTY, VIRGINIA**  
**David R. Anderson, Commissioner of the Revenue**  
 101 E. Main Street, Suite 201, Tazewell VA 24651  
 Phone: 276-385-1235 Fax: 276-988-5221



## HIGH MILEAGE APPLICATION

- Complete, sign, date, and return (to the address or fax number above) this High Mileage Application form and the required documentation or evidence to support your Application.
- High Mileage Application must be submitted by May 1<sup>st</sup> of each year.
- High Mileage Application **MUST BE FILED EACH YEAR** to continue to receive a reduction.
- The Commissioner of the Revenue may require the submission of additional information or other evidence deemed necessary for a proper and equitable determination of the Application.

### Owner/Vehicle Information

Owner(s) Name:			
Address:			
Email Address:			
Telephone #:	(Home)	(Work)	(Cell)
Vehicle Year:	<input type="checkbox"/> Business Use <input type="checkbox"/> Personal Use		
Vehicle Make and Model:			
Vehicle VIN #:			
Mileage as of January 1st:			

### Documentation

**You MUST attach a copy of one of the following documents for this vehicle:**

- Unaltered inspection receipt
- Oil change or service repair receipt from a vehicle care center or service station
- Odometer certification certificate
- Title, if issued within the past 60 days

**All of the above require proof of VIN number and mileage, and must be dated prior to February 15<sup>th</sup> of the current tax year.**

**Applications received without proper documentation cannot be accepted or processed.**

### Certification

The owner(s) must sign and date this form. If the owner is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.

*I declare, under penalty of perjury, (1) that the foregoing information is complete, true, and correct to the best of my knowledge and belief, and (2) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.*

Signature	Print Name	Title or Capacity for Signing	Date
Additional Signature (if joint owner)	Print Name	Date	

**OFFICE USE ONLY**

Nada Category: \_\_\_\_\_ Original Value: \_\_\_\_\_  
 Deduction: \_\_\_\_\_ Adjusted Value: \_\_\_\_\_