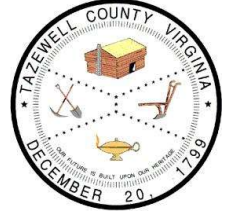




TAZEWELL COUNTY, VIRGINIA
DAVID R. ANDERSON COMMISSIONER OF REVENUE
135 COURT ST STE 301 TAZEWELL, VA 24651-0020
PHONE: 276-385-1237 or 276-385-1235 FAX: 276-988-5221
maggie.buskill@tazewellcounty.org /eerasnick@tazewellcounty.org



HIGH MILEAGE APPLICATION

- Complete, sign, date, and return to the (address, fax or email) above the High Mileage Application form and the required documentation or evidence to support your Application.
- High Mileage Application must be submitted by May 1st 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 15th 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: _____