## Peter J. Tecklenburg

Charleston County Auditor
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## **APPLICATION FOR REVIEW OF AIRCRAFT APPRAISAL**

FOR TAX YEAR COMMENCING JANUARY 1, 2024

| This form should be completed and emailed to the County Auditor's Office no later than <u>JANUARY 15, 2025</u> . Applications received <u>after JANUARY 15, 2025</u> cannot be considered for tax year 2024. An appeal does <u>NOT</u> extend the original due date of the taxes. You <u>MUST</u> pay the taxes by the due date on your bill. |       |   |  |  |     |      |              |       |      |         |
|---|-------|---|--|--|-----|------|--------------|-------|------|---------|
| OWNER'S INFORMATION   |       |   |  |  |     |      |              |       |      |         |
| OWNER'S NAME:   |       |   |  |  |     |      |              |       |      |         |
| ADD   | RESS: |   |  |  |     |      |              |       |      |         |
| CITY  | ·:    |   |  |  |     |      | STATE:       |       | ZIP: |         |
| DAYTME PHONE:   |       |   |  |  | EMA | AIL: | ,            |       |      |         |
| DESCRIPTION   |       |   |  |  |     |      |              |       |      |         |
| TAIL  | .#:   |   |  |  |     |      |              |       |      |         |
| SERIAL NUMBER:  |       |   |  |  |     |      |              |       |      |         |
| MANUFACTURER:   |       |   |  |  |     |      |              |       |      |         |
| MODEL:  |       |   |  |  |     |      |              |       |      |         |
| YEAR BUILT:   |       |   |  |  |     |      |              |       |      |         |
| LOCATION OF AIRCRAFT:   |       |   |  |  |     |      |              |       |      |         |
| YEAR PURCHASE   |       |   |  |  |     | PURC | HASED PRICE: | \$    |      |         |
| INSTRUCTIONS  |       |   |  |  |     |      |              |       |      |         |
| A.  |       | email a copy of your Bill of Sale showing date of purchase and price paid for the aircraft, a copy of a vey of the aircraft, or an appraisal performed by a dealer or broker. |  |  |     |      |              |       |      |         |
| В.  |       | e also email any additional  Your estimate of the Fair Market Value as of January 1, 2024   |  |  |     |      |              |       |      | 1, 2024 |
|   |       | documentation in support of your appeal. Insert estimated value here: \$  |  |  |     |      |              |       |      |         |
| A review of your appraisal will result in one of the following actions: no change, increased appraisal, or decreased appraisal.   |       |   |  |  |     |      |              |       |      |         |
| Disclaimer and Signature  |       |   |  |  |     |      |              |       |      |         |
| Under the penalties prescribed by law, I hereby certify that the information given herein is correct and true to the best of my knowledge and belief.   |       |   |  |  |     |      |              |       |      |         |
| Signature of Owner/Agent:   |       |   |  |  |     |      |              | Date: |      |         |
| Please email this appeal form and all supporting documents to <a href="mailto:personalproperty@charlestoncounty.org">personalproperty@charlestoncounty.org</a> .  |       |   |  |  |     |      |              |       |      |         |