

**CHARLESTON COUNTY AUDITOR'S OFFICE**  
POST OFFICE BOX 614  
CHARLESTON, S. C. 29402  
[watercraft@charlestoncounty.org](mailto:watercraft@charlestoncounty.org)

**APPLICATION FOR REVIEW OF WATERCRAFT APPRAISAL**

This form should be completed and returned to the County Auditor's Office no later than the due date on your tax bill. Applications received after the due date of the taxes cannot be considered. An appeal does NOT extend the original due date of the taxes.

OWNER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

DESCRIPTION: Registration/Title/Documentation #: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Year Built: \_\_\_\_\_ Length/HP: \_\_\_\_\_

Location of watercraft: \_\_\_\_\_

Year Purchased \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_

**INSTRUCTIONS:**

- A. You must submit a copy of your Bill of Sale showing date of purchase and price paid for the vessel, a copy of a recent survey of the vessel, or an appraisal performed by a dealer or broker.**
- B. Please also submit any additional documentation in support of your appeal.**
- C. Your estimate of the Fair Market Value of the watercraft: \$ \_\_\_\_\_**

A review of your appraisal will result in one of the following actions:

- (1) No Change                      (2) Increased Appraisal                      (3) Decreased Appraisal

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.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_