



Chris Harmon  
County Auditor

County of Lexington  
**OFFICE OF THE AUDITOR**

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Lexington, South Carolina 29072

Tel (803) 785-8181  
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**Certified Detailed Dealer Appraisal for  
Damaged/Overvalued Vehicle**

**Mail or Fax  
as indicated above**

**SECTION 1 - Property Information:**

Bill Number: \_\_\_\_\_

Property Type:  Vehicle VIN # \_\_\_\_\_

Year / Make: \_\_\_\_\_ Description: \_\_\_\_\_

**SECTION 2 - Owner Information**

Owner's Name: \_\_\_\_\_ Joint Owner's Name: \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Email (optional): \_\_\_\_\_

**SECTION 3 - Owner Address Information**

Primary Address: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

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

**SECTION 4 - Appraisal Information (\*Attach appraiser's business card)**

Appraiser Name: \_\_\_\_\_ Value being appealed: \_\_\_\_\_

Business Name: \_\_\_\_\_ Deductions (itemized damage report):

Business Address: \_\_\_\_\_ \$ \_\_\_\_\_

Contact Number: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Deductions \$(\_\_\_\_\_)

Adjusted Fair Market Value \$ \_\_\_\_\_

**Please attach other descriptive  
information separately**

I (we) do hereby certify that the information provided regarding the personal property subject of this application is correct. I understand that under applicable state law, incorrect or false information given may result in civil liability and/or both civil and criminal penalties, SC Code of Laws Ann. § 12-37-750 (2000), § 12-37-780 (2000), § 12-37-800 (2000).

\_\_\_\_\_  
Appraiser Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date