



Town of Lincoln

Motor Vehicle Assessment Appeal Form

Please read the instructions on the reverse side of this form.

Incomplete forms will be returned and considered not filed until corrected.

DATE: _____

Taxpayer Information: (please print)

NAME: _____

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

YEAR _____ MAKE: _____ MODEL _____

VIN NUMBER: _____

E-Mail Address: _____

May we send notices to you by e-mail? Yes No

I hereby appeal the excise value of \$ _____ on my motor vehicle so described above as established by the Town of Lincoln. My appeal is based on:

Please note: Under the General Laws of the State of Rhode Island, section 44-34-11, subsection C (I-II-III-IV) there are **NO** provisions to permit adjustment of the excise value due to either physical condition, high mileage, and/or the cost of acquisition. **Taxes must be paid during the appeal process within the time designated by the Town of Lincoln.**

By signing below, I/We attest that we have read the instructions/information on the reverse hereof and understand that incomplete forms shall be returned and deemed not properly filed until requested corrections are made. Furthermore, I/We attest that all information provided herein is true and accurate and additional information shall be provided to the Assessor if requested and reasonable.

Signature

Assessor's Office use Only

Value verified by Assessor: \$ _____

Date: _____

No assessment ratios are used in the Town of Lincoln for Motor Vehicles.

Taxes Current	Yes <input type="checkbox"/>	Filed by property owner	<input type="checkbox"/>	Hearing by BOR	<input type="checkbox"/>
	No <input type="checkbox"/>	Assessor's decision	<input type="checkbox"/>	Decision from BOR	<input type="checkbox"/>
		Application to BOR	<input type="checkbox"/>	Petition in Superior Ct	<input type="checkbox"/>

Appeal Number: _____