

# OFFICE OF THE COUNTY AUDITOR

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## HIGH MILEAGE REDUCTION APPLICATION

Darlington County Auditor's Office Tax Year: \_\_\_\_\_

Tax Payer's Name: \_\_\_\_\_

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

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Current Mileage: \_\_\_\_\_

Assessment: \_\_\_\_\_ Value Change: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

**UNDER THE PENALTIES PRESCRIBED BY LAW, I HEREBY CERTIFY THAT THE INFORMATION GIVEN HEREIN IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.**

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_