

OFFICE OF THE COUNTY AUDITOR



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Vehicle High Mileage Reduction Application

Please provide vehicle information below (PLEASE PRINT):

Receipt # _____ Date _____

Owner Name: _____

Phone: _____ Plate # _____

Year: ____ Make: _____ Model: _____

VIN: _____

Current Mileage: _____

I hereby certify that the information provided on this application is correct. I understand that under state law, incorrect or false information given may result in civil liability and or civil or criminal penalties. SC Code of Law 12-37-750 & 12-37-780 & 12-37-800.

Signature _____

Date _____

Phone # _____ Email _____