



# APPLICATION FOR REFUND/CREDIT OF PERSONAL PROPERTY TAX COUNTY OF SALUDA

Auditor's Office 100 E Church St, SC 29138 864-445-4500

Receipt # \_\_\_\_\_

## Owner and Mailing Information (As Shown on Receipt)

Owner Name: \_\_\_\_\_

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

Mailing Address: (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

Email: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

## Reason for Claim (Provide Necessary Documents IF Needed)

- ☐ Cancellation of title/registration and license plate surrendered to DMV
- ☐ DMV Notified of Vehicle Sold (Form 416 submitted to DMV)
- ☐ Surrender of SC license plate (DMV issued 5051)
- ☐ Leased/repossessed vehicle surrendered
- ☐ Lessor or finance company acknowledgement on company letterhead (must have the date of surrender indicated)
- ☐ Surrender of SC license plate (DMV issued 5051)
- ☐ No longer a legal resident of South Carolina or change in vehicle tax jurisdiction
- ☐ Registration issued by another state (photocopy)
- ☐ Surrender of SC license plate (DMV issued 5051)
- ☐ Notice of Change on Address (LCF400)
- ☐ Paid in Error

## IF Tax Exempt

- ☐ Non-resident Active Duty Military (LES and Military ID)
- ☐ 100% Total and Permanent Disabled Veteran (Department of Revenue certification)
- ☐ 100% Wheelchair Bound (Department of Revenue certification)

**\*\*\*\*\*!!!!!! READ THE BELOW STATEMENT CAREFULLY BEFORE SIGNING THIS  
DOCUMENT !!!!!\*\*\*\*\***

**I 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 civil or criminal penalties,**

**Fax: 864-445-9316**

**Email: a.dorsey@saludacounty.sc.gov**