INSTRUCTIONS FOR FILING A VEHICLE VALUE COMMISSION APPEAL FORM

1. An appeal must be filed with your local tax assessor within forty-five (45) days of the mailing of your tax bill.

2. Two (2) copies of the appeal form must be submitted along with a copy of your tax bill.

3. After the appeal form has been completed and a copy of the tax bill attached, it must be returned to your local assessor’s office. The assessor will verify if the value was indeed set by the Rhode Island Vehicle Value Commission and complete the portion of the form that applies. (See note below.)

4. Appeal forms are then submitted to the Vehicle Value Commission by the assessor. The commission will notify the assessor of their decision within twenty (20) days. The assessor must in turn notify the taxpayer within ten (10) days of the receipt of the commission’s decision.

PLEASE NOTE:

• Only values set by the Rhode Island Vehicle Value Commission can be appealed to said commission. If the value was set by the local assessor, the appeal must be handled at the municipal level. Any appeals forwarded to the commission for values that were not set by that commission will be returned unanswered.

• Under the Rhode Island General Laws section 44-34-11 there are NO provisions to permit adjustment of the excise value due to physical condition, high mileage, and/or the cost of acquisition. Therefore no value adjustment will be made for any of those reasons.

• Assessors may adjust for a diesel engine.

• During the appeal process, taxes must be paid within the time designated by your city or town.

APPEAL FORM FOUND ON NEXT PAGE.
VEHICLE VALUE COMMISSION APPEAL FORM

Two (2) copies of this appeal form and a copy of the tax bill for each vehicle being appealed must be filed with your local tax assessor within forty-five (45) days of the mailing of your tax bill per RIGL § 44-34-8.

DATE: __________________________ PHONE NUMBER: __________________________

NAME: ______________________________________________________________________

ADDRESS: ____________________________________________________________________

CITY/TOWN: __________________________ STATE: __________ ZIP: __________

VEHICLE YEAR: __________ MAKE: __________________ MODEL: __________________

VIN NUMBER: __________________________________________________________________

I hereby appeal the excise value of $__________________ on my motor vehicle so described above, as established by the Rhode Island Vehicle Value Commission and assessed by the city/town of __________________________. A copy of the tax bill issued is attached to this appeal form. My appeal is based on the following:

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

PLEASE NOTE: Under the Rhode Island General Laws section 44-34-11 there are NO provisions to permit adjustment of the excise value due to physical condition, high mileage, and/or the cost of acquisition. Therefore no value adjustment will be made for any of those reasons. During the appeal process, taxes must be paid within the time designated by your city or town.

____________________________________
Signature

ASSESSOR’S USE ONLY

Date Tax Bills Mailed: __________________________ Date Appeal Received: __________________________

Original Value (100% for 365 days): $__________________ (Value should be before exemptions).
Assessment Ratio Used: _____________ %  Verified By: ____________________________________________

DO NOT WRITE BELOW THIS LINE

The Rhode Island Vehicle Value Commission reviewed your appeal & has determined the excise value assessed is:

_____ CORRECT  _____ INCORRECT  _____ NOT A COMMISSION VALUE  _____ BEYOND DEADLINE

Your corrected value based on 365 days at 100% is $__________________ Date: __________________________