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.

Mail or drop off completed form to:

Town of Coventry
Tax Assessor
1670 Flat River Rd
Coventry, RI 02816

Form June 2016
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: ______________________ EMAIL: ______________________

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: July 12, 2019 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: ______________________