

OFFICE OF THE COUNTY AUDITOR

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HIGH MILEAGE REDUCTION APPLICATION

Prior to the Due Date of Taxes:

Owner: _____

Address: _____

Receipt No.: _____ **Year:** _____ **Make:** _____

Documented Mileage: _____

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: _____