

HIGH MILEAGE REDUCTION APPLICATION  
DARLINGTON COUNTY AUDITOR  
1 PUBLIC SQUARE ROOM 205  
DARLINGTON, SC 29532  
OFFICE (843) 398-4110  
FAX (843) 398-4172

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.

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SIGNATURE OF OWNER

DATE