



Chris Harmon
County Auditor

County of Lexington OFFICE OF THE AUDITOR

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Certified Detailed Dealer Appraisal for Damaged/Overvalued Watercraft

**Mail or Fax
as indicated above**

SECTION 1 - Property Information:

Bill Number: _____

Property Type: Boat WAA _____ Motor MAA _____

Year / Make: _____ Description: _____

SECTION 2 - Owner Information

Owner's Name: _____ Joint Owner's Name: _____

Telephone #: () _____ Email (optional): _____

SECTION 3 - Owner Address Information

Primary Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

SECTION 4 - Appraisal Information (*Attach appraiser's business card)

Appraiser Name: _____ Value being appealed: _____

Business Name: _____ Deductions (itemized damage report):

Business Address: _____ \$ _____

Contact Number: _____ \$ _____

_____ \$ _____

_____ \$ _____

Total Deductions \$(_____)

Adjusted Fair Market Value \$ _____

**Please attach other descriptive
information separately**

I (we) do 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 both civil and criminal penalties, SC Code of Laws Ann. § 12-37-750 (2000), § 12-37-780 (2000), § 12-37-800 (2000).

Appraiser Signature _____

Date _____

Owner Signature _____

Date _____