



# Dillon County

South Carolina

---

## High Mileage Appeal Form

Date:

Owner's Name:

Address:

City

State

Zip

Phone Number:

Email:

Year:

Make:

Model:

Current Mileage:

License Plate #:

VIN #:

**Under penalty of perjury, my signature below certifies that the above information is true and accurate**

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date