



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