

MOBILE COUNTY BOARD OF EQUALIZATION
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2025 VEHICLE PROTEST APPLICATION

VIN# _____ TAG# _____

Year, Make and Model: _____

VEHICLE OWNER: _____

MAILING ADDRESS: _____

DAYTIME TELEPHONE NUMBER: _____

USABLE EMAIL ADDRESS: _____

NATURE OF YOUR COMPLAINT:

EVIDENCE YOU HAVE BROUGHT TO DEFEND YOUR OPINION OF VALUE:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

DO YOU OWN OR LEASE VEHICLE? _____

TOTAL PURCHASE PRICE: \$ _____

DATE ACQUIRED _____

WAS VEHICLE PURCHASED FROM A FAMILY MEMBER? _____

CURRENT APPROXIMATE MILAGE AS OF 10/01/2024 _____

HAS VEHICLE BEEN IN AN ACCIDENT? _____

OWNER'S OPINION OF VALUE AS OF 10/01/2024: _____

DATE

AGENT

SIGNATURE OF OWNER OR