HIGH MILEAGE APPLICATION COUNTY OF CHARLOTTE (PASSENGER VEHICLES ONLY)

Please print, complete and return form to	:		
Naisha P. Carter Commissioner of the Revenue PO Box 308			
Charlotte CH, VA 23923			
OWNER(S) NAME:			
ADDRESS:			
PHONE NUMBER:			
VEHICLE YEAR:			
VEHICLE MAKE AND MODEL:			
VEHICLE VIN:			
CURRENT MILEAGE:			
MUST BE FILED EACH YEAR BY JULY 1			
YOU MUST ATTACH A COPY OF ONE OF TORIGINALS):	HE FOLLOWING	FOR THIS VEHICLE ONLY (DO NOT SEND	
1. UNALTERED INSPECTION RECEI	PT		
2. OIL CHANGE RECEIPT/REPAIR E	BILL		
ALL OF THE ABOVE REQUIRE PROOF OF VIN			
Print Name	_ Signature	Date	

Applications received without proper documentation cannot be accepted or processed.