

## Montgomery County Commissioner of the Revenue Brenda H. Winkle, Commissioner of the Revenue

755 Roanoke St, Suite 1A, Christiansburg, VA 24073 Phone: (540) 382-5710 Fax: (540) 381-6838 Email: personalproperty@montgomerycountyva.gov

## 2025

## **HIGH MILEAGE APPLICATION**

## FOR PASSENGER CARS & LIGHT DUTY TRUCKS

Commercial & heavy trucks may qualify for high mileage but it is based on a different mileage chart than the one listed below. Recreational Vehicles do not qualify for high mileage.

Owner:		Last 4 Digits of SSN:	
Co-Owner:		Last 4 Digits of SSN:	
Address:		Property ID:	
Email Addre	255:	-	Phone:

Complete, sign, date & return (to the address above) this High Mileage Application form and the required • documentation or evidence to support your application.

- High Mileage Application MUST BE FILED EACH YEAR by May 1st to continue to receive a reduction.
- The Commissioner of the Revenue may require the submission of additional information or other evidence deemed necessary for a proper and equitable determination of the Application.

		Vehicle Informa	ition								
Year:	Make:			Model:							
VIN #:				Title #							
Documented Mileage:		Plate #									
Year:		Model:									
VIN #:		Title #									
Documented Mileage:		Plate #									
Year: Make:				Model:							
VIN #:		Title #									
Documented Mileage:				Plate #							
Documentation				High Mileage Chart							
You MUST attach a copy of one of the following documents.				k Older	165,001 +	2019	85,001 +				
Unaltered inspection receipt				2012		2020	70,001 +				
Oil change or service repair receipt				2013		2021	60,001 +				
Odometer	Odometer certification certificate					2022	45,001 +				
Documor	ntation must ha	vo VIN #	2015		130,001 +	2023	35,001 +				
Documen	2016		120,001 +	2024	20,001 +						
Applications received	2017		105,001 +	2025	10,001 +						
	accepted or processed.		2018		95,001 +	2026	N/A				
Certification											
The owner(s) must sign	The owner(s) must sign and date this form. If the owner is an entity such as a trust, partnership, limited liability company, or										
corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by											
the trust, partnership, limited liability company, or corporation to sign.											
I declare, under penalty of perjury, (1) that the foregoing information is complete, true and correct to the best of my knowledge and belief,											
and (2) that I am the own	er or a member, partner,	executive officer, or othe	r person spec	ifically autho	rized in writii	ng to sign.					
Owner S		Print Name			Date						
Co-Owner Signature Print Name						Da	ate				

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