

Tax Appraisal Inquiry Form

Date:
Company Name:
Contact Person:
Phone Number:
Email Address:
Address:
City / State / Zip Code:
Number of Trucks Owned:
Truck Type:
Unit # :
Current Tax Appraised Value:
Tax Payment Due Date:

Vehicle Specifications

Unit Number:	Year Model:	Manufacturer:
Truck Model:	VIN #	

Truck Class Type: Class 8 / Class 7

Body Type

Class 8 Tractor Day Cab / Sleeper	Class 7 Tractor Dump Truck
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If Sleeper # of Bunks:

Wind Roof / Side Flarings: Yes / No

Engine

Engine Manufacturer:	Engine Model:	
Horse Power:	Engine Break: Yes / ...	Exhaust: Single / Dual
Air Breathers: Under Hood / External	External Chrome / Stainless Steel	

Chassis

GVW:	Suspension: Air / Spring
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Drive Axles

Front Axle CAP:

Number of Rear Axles:

Rear Axle CAP:

Front Axle Set-Back: Yes / No

Brake Type: Air Disc / S-Cam Dr...

Fifth Wheel: Fixed / Slider

Wheels / Tires

Tire Size:

Wheels: Painted / Aluminum / Stainless Steel Covers

Transmission

Manufacturer:

Model:

Type: Auto / Manual - Speeds:

Fuel

Fuel Type: Diesel / Gas / Other

of Fuel Tanks

Fuel Tank Capacity: