



Office of County Auditor

VEHICLE REFUND REQUEST FORM



NAME _____

PHONE # _____

ADDRESS _____

REASON FOR REFUND REQUEST: _____

SIGNATURE _____

DATE _____

TAXPAYER

The County Auditor's mailing address is: 366 North Church Street, Spartanburg SC 29303

Our email address is countyauditor@spartanburgcounty.org

FAX: 864-596-3446

Office Use Only	
DATE OF SALE: _____	RECEIPT # _____
TAX CLERK: _____	
DMV Information Scanned: _____	Insurance Info Scanned _____
BOS Scanned _____	Other Information Scanned: _____

4
