



# Florence County Auditor

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[www.auditor@florenceco.org](http://www.auditor@florenceco.org)

## Camper, Travel Trailer, or Fifth Wheel Second Resident Application

This form is used to appeal the taxable value of a travel trailer or fifth wheel for a 6% instead of a 10.5% tax rate. The application must be signed by the registered owner or representative and returned in person, via fax, mail or email to [www.auditor@florenceco.org](mailto:www.auditor@florenceco.org).

\_\_\_\_\_  
(Owners Name) (Date)

\_\_\_\_\_  
(Address) (Telephone #)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip) (E-mail)

Is this property equipped with: sleeping, kitchen, and bathroom facilities?  
Yes\_\_\_: Continue to fill out the remainder of the form  
No\_\_\_: Do not file this form out, property does not qualify

Does this property qualify as your primary residence?  
Yes\_\_\_: Fill in address on the "Primary Address" line below  
No\_\_\_: Proceed to next question

Do you own any other property that might be claimed as a second residence?  
Yes\_\_\_: Do not file this form. Property does not qualify.  
No\_\_\_: Proceed with the rest of the form.

Please provide addresses for your primary and secondary residences (if applies).

Primary Address:\_\_\_\_\_

Secondary Address:\_\_\_\_\_

Year\_\_\_\_\_ Make\_\_\_\_\_ Model\_\_\_\_\_ Length\_\_\_\_\_

Vehicle Identification Number\_\_\_\_\_

Under Penalty of perjury pursuant to SC Code Section 12-37-800, I certify the above information is true and accurate

Legal Signature\_\_\_\_\_ Owner\_\_\_\_\_/Agent\_\_\_\_\_