



**ANN H. THOMAS**  
Commissioner of the Revenue  
COUNTY OF YORK, VIRGINIA

Post Office Box 190  
Yorktown, Virginia 23690-0190  
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**NOTICE OF DISPOSITION OR RELOCATION FOR A VEHICLE**

**Form may be mailed or submitted through the document portal**

***IMPORTANT:*** You must also notify the Department of Motor Vehicles (DMV) regarding the disposition or relocation of your vehicle(s). Based on the information provided, your vehicle(s) may be subject to a prorated tax.

\*Required Fields-form cannot be accepted unless these areas are complete

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**TAXPAYER INFORMATION**

**Owner 1:**

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Suffix: \_\_\_\_\_

**OWNER 2:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Suffix: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Street Address: \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

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**VEHICLE INFORMATION**

\*Year: \_\_\_\_\_ \*Make: \_\_\_\_\_ \*Model: \_\_\_\_\_

\*Vehicle Identification Number: \_\_\_\_\_ Title Number: \_\_\_\_\_

Engine Size (enter CC's/Cylinders): \_\_\_\_\_ License Plate Number: \_\_\_\_\_

\*Vehicle was:

- Sold   ▪ Traded (*please complete a Vehicle Registration form for new vehicle*)
- Junked   ▪ Totaled in Accident   ▪ Other, please explain \_\_\_\_\_

Effective Date of Disposition: \_\_\_\_\_

- Moved from York County on: \_\_\_\_\_ New locality/state vehicle moved to: \_\_\_\_\_  
(*If moved to a new state, the new state registration is REQUIRED – registration may be mailed or submitted through the document portal*)

Comments: \_\_\_\_\_  
\_\_\_\_\_

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\*Daytime Phone Number: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

***Declaration:*** I (we) declare that the statements and figures above are true, full and correct to the best of my (our) knowledge and belief. If submitting by the DOCUMENT PORTAL, this form must be initialed, which will be the equivalent of your signature. If submitting by MAIL, this form must be signed. This notification cannot be accepted unless you initial or sign below.

\*Owner 1 Initials: \_\_\_\_\_ Owner 2 Initials (If co-owned): \_\_\_\_\_ \*Date: \_\_\_\_\_

Owner 1 Signature: \_\_\_\_\_ Owner 2 Signature: \_\_\_\_\_

**(It is recommended that you PRINT and/or SAVE a copy for your records)**

To submit this form through the document portal, please save your completed form and upload it [here](#).