



Sarah K. Webb
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VEHICLE REGISTRATION, RELOCATION OR DISPOSAL NOTICE

General Instructions

Complete the below information for each vehicle (car, truck, van, motorcycle, RV, camping trailer, boat trailer, and any other type of trailer) in order that your personal property tax liability, if any, can be determined, regardless if the vehicle is inoperable. Complete additional Registrations for more than one vehicle. This information will be confirmed with the Virginia Department of Motor Vehicles (DMV). If additional information is needed, you may be notified by e-mail. ***If moved out of state, the new state registration is REQUIRED to be provided to York County Commissioner of the Revenue's Office.***

ACTIVE-DUTY MILITARY

Complete APPLICATION for TAX EXEMPTION for MILITARY SERVICEMEMBERS and LEGAL SPOUSE – LES and NOTORIZED SIGNATURE REQUIRED

Request for (please check one):

<input type="checkbox"/> Registration	<input type="checkbox"/> Relocation	<input type="checkbox"/> Disposal
[Purchase Date: _____]	[Date Relocated: _____]	[Date: _____]
[Purchase Price: _____]	[Locality: _____]	[Method: _____]

Vehicle Identification Number	Vehicle Type:	Year	Make	Model:	
License Plate Number	Title Number	RV or Camping Trailer	Boat Trailer Length	Empty Wt.	Gross Wt.
Applicant Type <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Military/Government <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit				Applicant Photo ID Number or FEIN/EIN	
Owner 1 First Name (or Entity Name)		Middle Name	Last Name	Suffix (if any)	
Owner 2 First Name (if applicable)		Middle Name	Last Name	Suffix (if any)	
Physical Address		City	State	Zip	
Mailing Address		City	State	Zip	
Applicant Phone Number (optional)	Email (optional)		Taxpayer Portal Account Established <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Location Address		City	State	Zip	
Is this vehicle used more the 50% for business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you deduct the depreciation of this vehicle on your Federal Income Tax Return? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Declaration: I/We do hereby swear (or attest) that the above information is complete and correct to the best of my/our knowledge and belief. If submitting by the DOCUMENT PORTAL, you must initial below, which will be the equivalent of your signature. If submitting by MAIL, this notification must be signed.

Signature	Printed Name (Same as Signature)	Date
Signature	Printed Name (Same as Signature)	Date
Signature	Printed Name (Same as Signature)	Date