



**Sarah K. Webb**  
 Commissioner of the Revenue  
 County of York, Virginia  
 Post Office Box 190, Yorktown, Virginia 23690-0190  
 P: (757) 890-3381 | F: (757) 890-3389  
 W: [www.yorkcounty.gov/revenue](http://www.yorkcounty.gov/revenue)  
 E: [revofc@yorkcounty.gov](mailto:revofc@yorkcounty.gov)



**NOTIFICATION of ADDRESS CHANGE**

*This notification is to be completed to inform York County Commissioner of the Revenue's office of an address change.*

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

*If moved Out of York County, please complete a "Notice of Disposition or Relocation" form for the vehicle(s), boat, trailer & or mobile home owned.*

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

**\*Requested Effective Date of Address Change(s):**

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**Taxpayer 1:**

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

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

*(If requesting for Additional Taxpayer located at same address)*

**Taxpayer 2:**

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

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

**Mailing**

Address: \_\_\_\_\_ \*City & State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

**Physical**

\*Previous Address: \_\_\_\_\_ \*City & State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

\*Current Address: \_\_\_\_\_ \*City & State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_

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

**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.***

\*Taxpayer 1 Initials: \_\_\_\_\_ Taxpayer 2 Initials: \_\_\_\_\_ \*Date: \_\_\_\_\_

***If submitting by MAIL, this notification must be signed.***

Taxpayer 1 Signature: \_\_\_\_\_ Taxpayer 2 Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_ \*Date: \_\_\_\_\_

**(It is recommended that you PRINT and/or SAVE a copy for your records)**  
 To submit this form through the document portal, please click [here](#).