



**Brandy N. Palazzone**  
 Commissioner of the Revenue  
 County of York, Virginia  
 Post Office Box 189, Yorktown, Virginia 23690-0189  
 P: (757) 890-3383 | F: (757) 890-3380  
 W: [www.yorkcounty.gov/revenue](http://www.yorkcounty.gov/revenue)  
 E: [revofc@yorkcounty.gov](mailto:revofc@yorkcounty.gov)



**ADDRESS CHANGE WITHIN YORK COUNTY ONLY**

*This notification is to be completed by current York County residents ONLY who have changed their address, but still reside in this locality.*

***IMPORTANT: If you have moved from York County, please complete a "Notice of Disposition or Relocation" form for each vehicle, boat, trailer or mobile home you own.***

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

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

\*Name of Taxpayer 1 Affected by Address Change: \_\_\_\_\_

Name of Taxpayer 2 Affected by Address Change: \_\_\_\_\_

Name(s) of Additional Household Members Affected by Address Change:

\_\_\_\_\_  
 \_\_\_\_\_

\*Old York County Address: \_\_\_\_\_

\*New York County Address: \_\_\_\_\_

\*Effective Date of Address Change: \_\_\_\_\_

\*Contact 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. This notification cannot be accepted unless you initial or sign below.***

***(If submitting by the DOCUMENT PORTAL, this form must be initialed, which will be the equivalent of your signature)***

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

***(If submitting by MAIL, this form must be signed)***

Taxpayer 1 Signature: \_\_\_\_\_ Taxpayer 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](#).**