



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

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NOTICE OF DISPOSITION OR RELOCATION FOR A VEHICLE

Form may be mailed, faxed or emailed

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

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: _____

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**- o cklqt 'email registration to revofc@yorkcounty.gov or fax it to (757) 890-3389)

Comments: _____

*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 EMAIL, this form must be initialed, which will be the equivalent of your signature. If submitting by MAIL or FAX, 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)