## **ASSESSMENTS UNIT**



 $\underline{Albemar le County Finance @ Albemar le.org}$ 

tel: 434-296-5852 fax: 434-243-7906

## PERSONAL PROPERTY REGISTRATION

New return required when status changes for owners of motor vehicle, trailer, and boat. Albemarle county code §15-801

ENTER VEHICL	E INFORMA	TION (ALL F	IELDS ARE REC	UIRE	<b>)</b>								
VEHICLE YEA	R MAKE	MAKE		MODEL				WEIGHT (LB)		VEHICLE IS FOR PERSONAL USE VEHICLE IS FOR BUSINESS USE			
			MOTORCYCLE MOPED				PURCHASE PRICE			PURCHASE DATE (MM/DD/YYYY)			
TITLE NUMBER (LEAVE BLANK IF UNKNOWN)							VEHICLE IDENTIFICATION NU				ИBER		
=.	<u> </u>									<u> </u>			
DATE VEHICLE ENTERED COUNTY: (MM/DD/YYYY)			FORMER RESIDENCE: (CITY/COUNTY, STATE)					Virginia law requires that you notify DMV within 30 days of change of address. §46.2-606. <i>Call DMV at 804-497-7100 or visit DMV website at www.dmvnow.com</i> to update your record.					
ENTER OWNE	R INFORMA	TION											
OWNER	LAST NAME, FIRST NAME MI						SUFFIX				SOCIAL SECURITY NUMBER OR FEDERAL ID		
60 0144155	LAST NAME, FIRST NAME MI							SUFFIX			SOCIAL SECURITY NUMBER OR FEDERAL ID		
CO-OWNER													
Disclosure	of your soci	al security nu			orm is manda code §58.1-					ting this	number in accordance	with	
MAILING ADI	ORESS:					VEHICLE	LOCAT	TION A	ADDRESS IF DI	FFEREN	T FROM MAILING AD	DRESS:	
MILITARY PERSONNEL LEGAL DOMICILE  MILITARY PERSONNEL WHO CLAIM LEGAL ALBEMARLE COUNTY MUST PROVIDE C EARNING STATEMENT WITH T						RRENT LEAVE AND —			OWNER HON	DWNER HOME OF RECORD STATE:			
					NT WITH TH				CO-OWNER	O-OWNER HOME OF RECORD STATE:			
SIGNATURE							DATE (MM/DD/YYYY			PHONE NUMBER			
<b>DECLARATION</b> : I declare that the statements and figures herein given are tr and correct to the best of my knowledge and belief.							EMA	EMAIL ADDRESS					
COMPLETE FO	R LEASED V	EHICLES ON	ILY										
LESSOR NAM	E												
LESSOR ADD	RESS												
LESSEE	LAST NAME, FIRST NAME MI						SUFFIX		SOCIAL S	SOCIAL SECURITY NUMBER			
CO-LESSEE	LAST NAME, FIRST NAME MI					SUFFIX			SOCIAL S	SOCIAL SECURITY NUMBER			
LESSEE'S MAILING ADDRESS							VEHICLE LOCATION ADDRESS IF DIFFERENT FROM MAILING						

Mail or email the completed registration to the address listed on this form.