



**FREDERICK COUNTY, VIRGINIA**  
 Ellen E. Murphy, Commissioner of the Revenue  
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[www.fcva.us/cor](http://www.fcva.us/cor) • [www.fcva.us/persprop](http://www.fcva.us/persprop)

**\*\* OFFICE USE ONLY \*\***  
 Date FC Record Updated: \_\_\_\_\_  
 Initials: \_\_\_\_\_

**PERSONAL PROPERTY ACCOUNT (VEHICLE) CHANGE OF ADDRESS** (additional info on page 2)

**USE THIS FORM IF YOU ARE: MOVING TO ANOTHER LOCATION HERE IN FREDERICK COUNTY**

- If your vehicle is currently registered to and remaining in Frederick County but you are moving, in addition to completing this Change of Address notification, you will need to:  
 Notify VA DMV of your address change (since Frederick County's account record will need to match that of DMV). You can go online to [www.dmvnow.com](http://www.dmvnow.com) OR call VA DMV (804.497.7100) to provide an agent with your "Move Date" and new address ("Garage Jurisdiction" should remain as Frederick County in DMV records) OR appear in person at a VA DMV Service Center and provide the information.

**DO NOT USE THIS FORM IF YOU ARE: COMING IN NEW TO FREDERICK COUNTY**

- If you are a new resident to Frederick County and wish to register your vehicle (*i.e.*, you do not currently have a Personal Property account with Frederick County), please either use our online program to [Add/Remove Vehicle Registration Request](#) and select "Register a New Vehicle" or complete our printable form "Add/Remove Vehicle Registration."

**DO NOT USE THIS FORM IF YOU ARE: MOVING OUT OF FREDERICK COUNTY**

- If you are now a former resident of Frederick County who has moved your vehicle out of Frederick County to another locality in the Commonwealth of Virginia (*e.g.*, City of Winchester, Warren County) or another State (*e.g.*, Maryland, Pennsylvania, Florida), please either use our online program to [Add/Remove Vehicle Registration Request](#) and select "Remove a Vehicle" or complete our printable form "Add/Remove Vehicle Registration."

**SECTION 1 Personal Property Account Number(s) if known:**

**Primary Name on Account (Last, First, Middle):** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Social Security No. or EIN:** \_\_\_\_\_

<b>CURRENT (OLD) ADDRESS on Account Record:</b>  <b>Address is [check one]:</b> <input type="checkbox"/> Residence/Home Address (where you actually live) <input type="checkbox"/> Mailing Address (where you receive your mail) <input type="checkbox"/> Vehicle Location Address (location where vehicle is garaged or stored IF NOT AT RESIDENCE)	<b>NEW ADDRESS to go on Account Record:</b>  <b>Address is [check one]:</b> <input type="checkbox"/> Residence/Home Address (where you actually live) <input type="checkbox"/> Mailing Address (where you receive your mail) <input type="checkbox"/> Vehicle Location Address (location where vehicle is garaged or stored IF NOT AT RESIDENCE)
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**List all Additional Names (Co-Owners), if any, on Account Record:** \_\_\_\_\_  
 New Address applies to all Additional Names (Co-Owners) OR  
 New Address DOES NOT apply to all Additional Names (Co-Owners) ( see page 2)

<b>Date of Move:</b>	<b>Address Change applies to [check one]:</b> <input type="checkbox"/> all vehicles listed on Account <u>OR</u> <input type="checkbox"/> only the vehicle(s) listed below:							
	YEAR	MAKE	MODEL	LAST 4 VIN	YEAR	MAKE	MODEL	LAST 4 VIN
mm/dd/yy								

**Certification/Signature**

**The owner(s) must sign/submit this notification request.** If the owner is a business entity such as a trust, partnership, limited liability company, or corporation, it must be signed/submitted by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign/submit. *It is a misdemeanor for any person to willfully subscribe a return which is not believed to be true and correct as to every material matter.* (Code Va. Sec. 58.1-11)

**I declare, under penalty of perjury, (1) that the foregoing information is complete, true, and correct to the best of my knowledge and belief, and (2) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.**

Owner OR  
 If Business, Title: \_\_\_\_\_

_____ <i>Signature</i>	_____ <i>Print Name</i>	_____ <i>(e.g., President, VP etc.)</i>	_____ <i>Date</i>
_____ <i>Additional Signature</i>	_____ <i>Print Name</i>	<input type="checkbox"/> Co-Owner	_____ <i>Date</i>
_____ <i>Additional Signature</i>	_____ <i>Print Name</i>	<input type="checkbox"/> Co-Owner	_____ <i>Date</i>

## PERSONAL PROPERTY ACCOUNT (VEHICLE) CHANGE OF ADDRESS (continued)

<b>SECTION 2</b>	<b>If New Address does NOT apply to all Additional Names (Co-Owners) on Account, provide the following information:</b>						
<b>Additional Name (Co-Owner) on Account (Last, First, Middle):</b>				<b>Phone:</b>		<b>Social Security No. or EIN:</b>	
<b>NEW ADDRESS to go on Account Record:</b>				<b>Address is [check one]:</b>			
				<input type="checkbox"/> Residence/Home Address (where you actually lived) <input type="checkbox"/> Mailing Address (where you received your mail) <input type="checkbox"/> Vehicle Location Address (location where vehicle was garaged or stored IF NOT AT RESIDENCE)			
<b>CO-OWNER NEW ADDRESS applies to the following vehicle(s):</b>							
<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>LAST 4 VIN</b>	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>LAST 4 VIN</b>
<b>Additional Name (Co-Owner) on Account (Last, First, Middle):</b>				<b>Phone:</b>		<b>Social Security No. or EIN:</b>	
<b>NEW ADDRESS to go on Account Record:</b>				<b>Address was [check one]:</b>			
				<input type="checkbox"/> Residence/Home Address (where you actually lived) <input type="checkbox"/> Mailing Address (where you received your mail) <input type="checkbox"/> Vehicle Location Address (location where vehicle was garaged or stored IF NOT AT RESIDENCE)			
<b>CO-OWNER NEW ADDRESS applies to the following vehicle(s):</b>							
<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>LAST 4 VIN</b>	<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>LAST 4 VIN</b>

<b>SECTION 3</b>	<b>Complete ONLY IF a second new address should be noted on account record (e.g., physical address different from mailing address so both are recorded)</b>						
<b>Second New Address to go on Account Record:</b>				<b>Address is [check one]:</b>			
				<input type="checkbox"/> Residence/Home Address (where you actually live) <input type="checkbox"/> Mailing Address (where you receive your mail) <input type="checkbox"/> Vehicle Location Address (location where vehicle is garaged or stored IF NOT AT RESIDENCE)			
<b>Second New Address applies to [check all that apply]:</b> <input type="checkbox"/> Primary Name on Account <input type="checkbox"/> Co-Owners							

**Your Change of Address request is subject to review by the Commissioner of the Revenue. Further action may be required on your part before the Commissioner's office can proceed.**