



REQUEST FOR REFUND OR PRORATED ASSESSMENT FORM

(Can use this form to report personal property that has been sold/traded/destroyed/disposed of/or moved out Frederick County.)

Instructions

- Call DMV at 804-497-7100 to notify the DMV agent that your personal property has been disposed of or moved out of Frederick County as our records must match DMV's "disposal date" or "move date."
- Complete, sign, date, and return (to the address above) this Request for Refund/Prorated Assessment form.

OWNER INFORMATION										
FC Personal Property Account No. (if known):										
Owner(s) Name(s):										
Current Address:										
Email Address:										
Social Security No.:				or	FEIN:					
Telephone Nos.:		(home)			(work)			(cell)		
VEHICLE INFORMATION										
Vehicle # 1										
Year:				Make:				Model:		
Vehicle VIN No.:										
Check Applicable:	<input type="checkbox"/> Moved out	Date:			Old Address:					
	<input type="checkbox"/> Sold or Traded	Date:			New Owner Name & Address:					
	<input type="checkbox"/> Disposed of	Date:								
Vehicle # 2										
Year:				Make:				Model:		
Vehicle VIN No.:										
Check Applicable:	<input type="checkbox"/> Moved out	Date:			New Address:					
	<input type="checkbox"/> Sold or Traded	Date:			New Owner Name & Address:					
	<input type="checkbox"/> Disposed of	Date:								
CERTIFICATION										
<p>The owner(s) must sign and date this form. If the owner is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.</p> <p>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.</p>										
<input type="checkbox"/> Owner <u>OR</u>										
<input type="checkbox"/> If Business, Title: _____ Date _____										
Signature		Print Name			(e.g., President, VP etc.)			Date		
<input type="checkbox"/> Co-Owner										
Additional Signature		Print Name			Date					