



KEVIN A. WILSON
Commissioner of the Revenue
COUNTY OF GLOUCESTER, VIRGINIA

6489 Main Street, Suite 137
Gloucester, Virginia 23061

(804) 693-3451 Office
(804) 693-3581 Fax

**Request for Correction of Assessment of Tangible Personal Property Tax
For Auto's and Motorcycles**

Taxpayer _____ SSN _____

Taxpayer _____ SSN _____

Mailing Address _____ Account # _____

This form is to report information concerning your vehicle as of January 1. Gloucester County does not prorate. All vehicles owned and normally garaged in Gloucester County as of January 1 are taxed for the entire year.

Description of property: _____

Check the situation that applies, and then complete the information that is required.

 I no longer own this vehicle.

- 1) Date of Disposition _____
- 2) You must notify the Department of Motor Vehicle and have your records updated. They can be reached at 1-866-368-5463.

 I moved vehicle to or from another locality within Virginia.

- 1) Date moved to Gloucester _____ locality moved from _____
- 2) Date moved from Gloucester _____ locality moved to _____

 I moved my vehicle outside of Virginia

- 1) Date of move _____
- 2) Provide us with a copy of your new registration showing this vehicle was registered in a different state as of January 1.

 The value on my vehicle is incorrect. (Please note due to the Tax Relief Act we must use 100% of retail value to assess Autos and Motorcycles)

- 1) Provide us with detailed information so we may assess the vehicle using the N.A.D.A. Vehicle Appraisal Guide.
- 2) Based on the condition of the vehicle you may have a local licensed dealer appraisal. Appraisal must be on dealer letterhead. Dealer must state his appraisal is retail as of January 1. Values below \$1,000 will not be accepted.

The completed form can be mailed to the address above, faxed to (804) 693-3581 or e-mailed to jwest@gloucesterva.info.

I declare the statements and figures submitted on this form are true, complete and correct to the best of my knowledge and belief:

Signature of Taxpayer	Date	Phone	SSN#
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For office use only: _____ DMV Records _____ Other Locality _____ Registration _____ Approved _____
 _____ Disapproved Reason: _____ Notification _____