

Account#

**HIGH MILEAGE APPLICATION-COUNTY OF WARREN**

**Sherry T. Sours-Commissioner of the Revenue**

**PO Box 1775; Front Royal, VA 22630**

**540-635-2651**

***Personal Use-Passenger Vehicles Only***

*Form must be filed each year by **February 15** or within 30 days of purchase or Move-In.*

*Applications received without proper documentation cannot be accepted or processed. High Mileage deductions are taken directly from the N.A.D.A. book.*

Owner(s) Name: \_\_\_\_\_  
{As titled on DMV}

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Tag Number: \_\_\_\_\_

Vehicle Make and Model: \_\_\_\_\_

Vehicle ID# \_\_\_\_\_

Phone Number: \_\_\_\_\_

**CURRENT MILEAGE:** \_\_\_\_\_ **{Office Use Only}**

Personal Use Vehicle *greater than* 51%:            Yes        Or        No        {circle one}

**You must attach a legible copy of one of the following for this vehicle showing the identification#**

- **Unaltered inspection receipt**
- **Oil change/service repair receipt from car care center**
- **Odometer certification certificate**
- **Title, if issued within past 30 days**

*I certify that the above vehicle is not used for more than 50% business use and/or neither do I depreciate the vehicle on my Income Tax Return.*

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_