

Account# \_\_\_\_\_ Seq.# \_\_\_\_\_

**COUNTY OF WARREN**

**Sherry T. Sours – COMMISSIONER OF THE REVENUE**

P. O. BOX 1775 FRONT ROYAL, VA 22630-0038 TELEPHONE: (540) 635-2651 FAX: (540) 636-8280

E-Mail: [vlake@warrencountyva.net](mailto:vlake@warrencountyva.net)

**REQUEST FOR REFUND OR PRORATED ASSESSMENT OF PERSONAL PROPERTY**

**\*\*\*PLEASE RETURN THIS FORM WITHIN 10 DAYS OF RECEIPT TO ABOVE ADDRESS\*\*\***

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security Numbers: \_\_\_\_\_

**VEHICLE INFORMATION:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

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

*I moved out of Warren County with the above vehicle on: \_\_\_\_\_, and do not intend to return this year.*  
MO/DA/YR

Moved to: (State, Town, or County) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

*I sold or otherwise disposed of the above vehicle on: \_\_\_\_\_*  
MO/DA/YR

**PLEASE BE SURE TO NOTIFY THE DMV OF ANY CHANGES IN MOVING OR DISPOSING OF A VEHICLE.**

I certify the above information is true and correct. (Section 58.1-11 Code of Virginia)

Signature \_\_\_\_\_

Date \_\_\_\_\_