



Richard W. Bradshaw  
Commissioner

**COMMISSIONER OF THE REVENUE**  
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## PERSONAL PROPERTY CHANGE OF INFORMATION

TAXPAYER INFORMATION			
Name:		SSN:	
Name:		SSN:	
CHANGE OF NAME			
Previous Name:		Current Name:	
CHANGE OF MAILING ADDRESS			
Old Address			
Street			
City		State	Zip
New Address			
Street			
City		State	Zip
PERSONAL PROPERTY SOLD/JUNKED/RELOCATED			
Vehicle Description			
Year	Make	Model	
VIN		Title No.	License Plate
Date Vehicle Moved	New Garaging Jurisdiction		Date Sold/Junked
Vehicle Description			
Year	Make	Model	
VIN		Title No.	License Plate
Date Vehicle Moved	New Garaging Jurisdiction		Date Sold/Junked

**DECLARATION:** I declare that the information as listed above is true and correct to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_