



County of Albemarle
DEPARTMENT OF FINANCE AND BUDGET
OFFICE OF REVENUE ADMINISTRATION

BUSINESS & PERSONAL TAX UNIT

Tax@Albemarle.org
tel: 434-296-5851
fax: 434-243-7906

PERSONAL PROPERTY REGISTRATION

New return required when status changes for owners of motor vehicle, trailer, and boat. Albemarle county code §15-801

ENTER VEHICLE INFORMATION (ALL FIELDS ARE REQUIRED)

VEHICLE YEAR	MAKE	MODEL	WEIGHT (LB)	<input type="checkbox"/> VEHICLE IS FOR PERSONAL USE <input type="checkbox"/> VEHICLE IS FOR BUSINESS USE
<input type="checkbox"/> AUTO/LIGHT TRUCK/VAN <input type="checkbox"/> HEAVY TRUCK	<input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> MOPED	<input type="checkbox"/> TRAILER <input type="checkbox"/> BOAT	PURCHASE PRICE	PURCHASE DATE (MM/DD/YYYY)
TITLE NUMBER (LEAVE BLANK IF UNKNOWN)		VEHICLE IDENTIFICATION NUMBER		
DATE VEHICLE ENTERED COUNTY: (MM/DD/YYYY)	FORMER RESIDENCE: (CITY/COUNTY, STATE)	Virginia law requires that you notify DMV within 30 days of change of address. §46.2-606. Call DMV at 804-497-7100 or visit DMV website at www.dmvnow.com to update your record.		

ENTER OWNER INFORMATION

OWNER	LAST NAME	FIRST NAME	MI	JR/SR	SOCIAL SECURITY NUMBER OR FEDERAL ID
CO-OWNER	LAST NAME	FIRST NAME	MI	JR/SR	SOCIAL SECURITY NUMBER OR FEDERAL ID
Disclosure of your social security number, if any, on this form is mandatory. The County of Albemarle is requesting this number in accordance to Virginia code §58.1-3017 and 42 U.S.C § 405.					
MAILING ADDRESS:			VEHICLE LOCATION ADDRESS IF DIFFERENT FROM MAILING ADDRESS:		
MILITARY PERSONNEL LEGAL DOMICILE	OWNER HOME OF RECORD STATE:		MILITARY PERSONNEL WHO CLAIM LEGAL DOMICILE OTHER THAN ALBEMARLE COUNTY MUST PROVIDE CURRENT LEAVE AND EARNING STATEMENT WITH THE RETURN.		
	CO-OWNER HOME OF RECORD STATE:				
SIGNATURE			DATE (MM/DD/YYYY)	PHONE NUMBER	
DECLARATION: I declare that the statements and figures herein given are true, full and correct to the best of my knowledge and belief.			EMAIL ADDRESS		

COMPLETE FOR LEASED VEHICLES ONLY

LESSOR NAME					
LESSOR ADDRESS					
LESSEE	LAST NAME	FIRST NAME	MI	JR/SR	SOCIAL SECURITY NUMBER
CO-LESSEE	LAST NAME	FIRST NAME	MI	JR/SR	SOCIAL SECURITY NUMBER
LESSEE'S MAILING ADDRESS			VEHICLE LOCATION ADDRESS IF DIFFERENT FROM MAILING		

Mail or email the completed registration to the address listed on this form.

WWW.ALBEMARLE.ORG

401 McIntire Road, Suite 133 | Charlottesville, VA 22902