Chesapeake VIRGINIA
Commissioner of the Revenue

Victoria L. Proffitt
Post Office Box 15285
Chesapeake, Virginia 23328

REQUEST FOR REFUND OR PRORATED AMOUNT

The Commissioner of Revenue's Office has received information that you have moved into or out of the City of Chesapeake. **Please identify the vehicle information and then fill in Section 1, 2, or 3, sign and return.**

Vehicle Year	Make	Model	VIN Number	Title Number	State License Plate

Owners' Name(s):	Last, First, MI	Social Security Number
	Last, First, MI	Social Security Number

Street Address: **City:** **Zip:**

SECTION 1: MOVING INTO CITY OF CHESAPEAKE

(answer numbers 1 & 2 then sign & return)

1. I have moved **INTO** Chesapeake with this vehicle on _____ from the city / county of _____.

2. I have previously paid personal property taxes ☐ Yes ☐ No

If yes, where: _____

SECTION 2: MOVED OUT OF THE CITY OF CHESAPEAKE

(answer numbers 3 & 4 then sign, attach out of state registration & return)

3. I have moved **OUT** of Chesapeake with this vehicle on _____ and do not intend to return this year.

4. My new address is: _____

*(If you have moved out of Virginia you **MUST** provide a copy of your new state's registration for this vehicle)*

SECTION 3: NO LONGER OWN THE ABOVE VEHICLE

** DMV MUST BE NOTIFIED FIRST: 1-804-497-7100 or dmv.virginia.gov **

(answer number 5 only, sign, and return)

5. I have ☐ Sold ☐ Traded ☐ Junked ☐ Other *(explain)* _____ this vehicle on _____.

IF YOU ARE ACTIVE-DUTY MILITARY YOU MUST RETURN FORM WITH A CURRENT LES

I hereby certify that the above information is correct.

_____ (_____)_____ _____

Signature **required* Daytime phone number Date

If you have any questions, please contact us at 757-382-6455 or email us at cartax@cityofchesapeake.net

"The City of Chesapeake adheres to the principles of equal employment opportunity. This policy extends to all programs and services supported by the City."

Rvs 10/30/23 ama