



**JO ANNE HARRIS**  
**Commissioner of the Revenue**  
**COUNTY OF GLOUCESTER, VIRGINIA**

6489 Main Street, Suite 137  
 Gloucester, Virginia 23061

(804) 693-3451 Office  
 (804) 824-2467 Fax

**Request for Correction of Assessment of Tangible Personal Property Tax  
 For Auto's and Motorcycles**

Taxpayer \_\_\_\_\_ SSN \_\_\_\_\_

Taxpayer \_\_\_\_\_ SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_ Account # \_\_\_\_\_

\_\_\_\_\_

This form is to report information concerning your vehicle as of January 1. Gloucester County does not prorate. All vehicles owned and normally garaged in Gloucester County as of January 1 are taxed for the entire year.

Description of property: \_\_\_\_\_

Check the situation that applies, and then complete the information that is required.

     **I no longer own this vehicle.**

- 1) Date of Disposition \_\_\_\_\_
- 2) You must notify the Department of Motor Vehicle and have your records updated. They can be reached at 1-866-368-5463.

     **I moved vehicle to or from another locality within Virginia.**

- 1) Date moved to Gloucester \_\_\_\_\_ locality moved from \_\_\_\_\_
- 2) Date moved from Gloucester \_\_\_\_\_ locality moved to \_\_\_\_\_

     **I moved my vehicle outside of Virginia**

- 1) Date of move \_\_\_\_\_
- 2) Provide us with a copy of your new registration showing this vehicle was registered in a different state as of January 1.

     **The value on my vehicle is incorrect.** (Please note due to the Tax Relief Act we must use 100% of retail value to assess Autos and Motorcycles)

- 1) Provide us with detailed information so we may assess the vehicle using the N.A.D.A. Vehicle Appraisal Guide.
- 2) Provide us with documentation showing that this vehicle has high mileage, mechanical defects, etc. that may affect the value of the vehicle.

The completed form can be mailed to the address above, faxed to (804) 824-2467 or e-mailed to [cor@gloucesterva.info](mailto:cor@gloucesterva.info).

I declare the statements and figures submitted on this form are true, complete and correct to the best of my knowledge and belief:

Signature of Taxpayer \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_ SSN# \_\_\_\_\_

For office use only: \_\_\_\_\_ DMV Records \_\_\_\_\_ Other Locality \_\_\_\_\_ Registration \_\_\_\_\_ Approved \_\_\_\_\_  
 \_\_\_\_\_ Disapproved Reason: \_\_\_\_\_ Notification \_\_\_\_\_