



**FREDERICK COUNTY, VIRGINIA**  
 P.O. Box 552, Winchester VA 22604-0552  
 Phone: 540-665-5681 Fax: 540-667-6487  
[www.fcva.us/cor](http://www.fcva.us/cor)



## UPDATED CERTIFICATE REGARDING RESIDENCE / MILITARY STATUS

- Complete first section.
- Complete section A or section B, whichever is applicable.
- Sign and date.
- Mail to above address.

| <b>Complete this section.</b> |                      |
|-------------------------------|----------------------|
| Name (First, Middle, Last):   | Social Security No.: |
| Rank:                         | Branch of Service:   |
| Daytime Telephone No.:        | Email Address:       |

| <b>A</b>  | <b>Complete this section ONLY if you are claiming exemption from taxation in the State of Virginia under the Servicemembers Civil Relief Act (SCRA) since your tangible personal property is assessed in the State and County of your legal residence.</b> |
|---|--|
| Legal Residence Address:  |  |
| Temporary Residence Address in Virginia (for Military Duty):  |  |
| State Income Tax Is Paid To: State of _____<br>I <input checked="" type="checkbox"/> <b>am</b> <input type="checkbox"/> <b>am not</b> a registered voter in that State. |  |
| <input type="checkbox"/> I certify that I have not registered to vote in Virginia.  |  |

| <b>B</b>   | <b>Complete this section ONLY if you previously filed a claim for exemption from taxation in Frederick County and/or the State of Virginia under the Servicemembers Civil Relief Act (SCRA) but no longer temporarily reside in Frederick County or are no longer active military.</b> |
|--|--|
| Status:  |  |
| <input type="checkbox"/> no longer residing in Frederick County as of _____ (date) |  |
| <input type="checkbox"/> no longer active military as of _____ (date)              |  |
| Current Legal Residence Address:   |  |
| Former Temporary Residence Address in Virginia:                                    |  |

| <b>Complete this section.</b>  |              |
|--|--------------|
| <i>Declaration:</i> I declare, under penalty of perjury, that the information provided herein is true, correct, and complete to the best of my knowledge and belief. |              |
| _____ (Signature)  | _____ (Date) |