



REQUEST FOR REFUND OR PRORATED ASSESSMENT FORM

(Can use this form to report personal property that has been sold/traded/destroyed/disposed of/or moved out Frederick County.)

Instructions

- Call DMV at 804-497-7100 to notify the DMV agent that your personal property has been disposed of or moved out of Frederick County as our records must match DMV's "disposal date" or "move date."
- Complete, sign, date, and return (to the address above) this Request for Refund/Prorated Assessment form.

OWNER INFORMATION					
FC Personal Property Account No. (if known): _____					
Owner(s) Name(s):		_____			
Current Address:		_____			
Email Address:		_____			
Social Security No.:		_____	or	FEIN:	_____
Telephone Nos.:		(home) _____	(work) _____	(cell) _____	
VEHICLE INFORMATION					
Vehicle # 1					
Year:	_____	Make:	_____	Model:	_____
Vehicle VIN No.:		_____			
Check Applicable:	<input type="checkbox"/> Moved out	Date:	_____	Old Address:	_____
	<input type="checkbox"/> Sold or Traded	Date:	_____	New Owner Name & Address:	_____
	<input type="checkbox"/> Disposed of	Date:	_____		
Vehicle # 2					
Year:	_____	Make:	_____	Model:	_____
Vehicle VIN No.:		_____			
Check Applicable:	<input type="checkbox"/> Moved out	Date:	_____	New Address:	_____
	<input type="checkbox"/> Sold or Traded	Date:	_____	New Owner Name & Address:	_____
	<input type="checkbox"/> Disposed of	Date:	_____		
CERTIFICATION					
<p>The owner(s) must sign and date this form. If the owner is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.</p> <p>I declare, under penalty of perjury, (1) that the foregoing information is complete, true, and correct to the best of my knowledge and belief, and (2) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.</p>					
<input type="checkbox"/> Owner <i>OR</i>					
<input type="checkbox"/> If Business, Title: _____					
_____ Signature	_____ Print Name	_____ (e.g., President, VP etc.)	_____ Date		
_____ Additional Signature	_____ Print Name	<input type="checkbox"/> Co-Owner	_____ Date		