



Office of the Commissioner of the Revenue

Thomas D. Clinton
Commissioner of the Revenue

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City of Falls Church
300 Park Avenue, Suite #202W
Falls Church, VA 22046-3301

Personal Property Disposition & Change of Address Form

Taxpayer's Information:

(Please Print) (Vehicle Owner or Lessee's Last Name) (First Name) (Middle Name)

This is to certify that on _____, I, and : _____
(DATE DD/MM/YYYY) (Co-Owner's Last Name) (First Name) (Middle Name)

- Moved out of the City of Falls Church. Sold my vehicle. To an individual: To a car dealer:
- Junked my vehicle. Traded-in my vehicle. In-State. In-State.
- Gave away vehicle to family/friend. Donated my vehicle to a charity. Out-of-State. Out-of-State.
- Totaled it & sold it to my insurance company. Vehicle shipped overseas & provided Commissioner's Office w/a bill of lading
- Other situation (please explain): _____
- Turned in a leased vehicle** ***Supplied Commissioner's Office with lease turn-in or surrender documentation (*required)**
- Have you notified the VA DMV and turned in your license plates? You can do that at any VA DMV Customer Service Center (CSC), DMV Select Office, DMV Connect Service, or DMV2Go Mobile Unit. Website: www.dmvnow.com. Phone (804) 497-7100.
- Have you notified your new Virginia jurisdiction that you moved into their jurisdiction? Yes or No (please circle one). This step must be done per our auditors if you want to be moved out of Falls Church City's tax records. We're sorry but there are no exceptions.

If you moved to another state, please provide a copy of the title or registration from the new state. You may send a scan or a cell photo of the title or registration to our email box at: commissioner@fallschurchva.gov. It can be faxed to: (703) 248-5212.

Vehicle(s) Information:

- Make: _____ Model: _____ Year: _____ VA Title # _____ Other State: _____
Vehicle I.D. Number (VIN): _____ Falls Church COR PPID# _____
(from your car tax bill or Vehicle Verification Form)
- Make: _____ Model: _____ Year: _____ VA Title # _____ Other State: _____
Vehicle I.D. Number (VIN): _____ Falls Church COR PPID# _____
(from your car tax bill or Vehicle Verification Form)
- Make: _____ Model: _____ Year: _____ VA Title # _____ Other State: _____
Vehicle I.D. Number (VIN): _____ Falls Church COR PPID# _____
(from your car tax bill or Vehicle Verification Form)

Personal Information:

Social Security or Virginia DMV Customer I.D. Number (if applicable): 1: _____ 2: _____
E-mail address: Personal: _____ Work: _____
Telephone: _____ (Primary) _____ (Office) _____ (Cell)

Change of Address Information (if applicable):

Previous Address: _____ Apt: _____ City: _____ State: _____ Zip: _____
(if you have moved) (Street)
New Address or current address*: _____ Apt: _____ City: _____ State: _____ Zip: _____
(*if not moving) (Street)

If the new address is not in VA, a copy of the vehicle's NEW Title(s) or registration must be provided to stop taxation

By signing below, I, _____ certify that the above information is accurate and complete.
(Print Name)

Signature: _____ Date: _____ revised 2-5-20

**** COR Office Use Only ****

COR Staff Initials: _____