



COMMISSIONER OF THE REVENUE

3834 Old Buckingham Rd. Ste. C
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**PERSONAL PROPERTY TAX EXEMPTION
APPLICATION FOR VETERANS 100%
SERVICE CONNECTED DISABILITY**

APPLICANT INFORMATION

NAME (Applicant /Owner):	Social Security Number:	Phone Number:
NAME (Spouse/Co-Owner)	Social Security Number:	Phone Number
Street Address:	Mailing Address (if different):	
Certificate/Letter from Veteran Affairs showing 100% Service Related Disability : Attached <input type="checkbox"/> On File <input type="checkbox"/>		

PROPERTY INFORMATION:

MAKE:	MODEL:
COLOR:	VIN:

I (we) declare, under penalties provided by law, that this property is used by or for the qualifying veteran and that this affidavit has been examined by me (us) and to the best of my (our) knowledge is true, correct and complete.

Signature of Applicant/Owner

Signature of Co-Owner/Spouse

Date