

Francis X. King  
Commissioner of the Revenue  
Post Office Box 15285  
Chesapeake, Virginia 23328

**TAX YEAR** \_\_\_\_\_

**MOTOR VEHICLE ASSESSMENT APPEAL AFFIDAVIT  
(REAFFIRMING PRIOR YEAR VEHICLE CONDITION)**

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ Title #: \_\_\_\_\_

Address: \_\_\_\_\_ Bill #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**Description of Vehicle:**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model/Body Style \_\_\_\_\_

*I hereby certify and confirm by my signature below that the above referenced vehicle, having previously been appealed, is still in its unrepaired condition as of January 1<sup>st</sup> of this Tax Year.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete and submit this Affidavit to:

- Mailing Address: PO Box 15285, Chesapeake, VA 23328  
OR
- Email Address: [CarTax@CityofChesapeake.Net](mailto:CarTax@CityofChesapeake.Net)  
OR
- Fax #: 757-382-8369