

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: _____

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 1st 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
OR
- Fax #: 757-382-8369