

Vehicle Registration and Personal Property Return

Title No. _____ Year _____ Make & Body Style _____

State License _____ Fuel Type _____ E.W. (Weights) G.W. _____

Identification Number _____

Name _____ Name _____

Social Security Number _____ - _____ - _____ Social Security Number _____ - _____ - _____

Street Address _____

City _____ State _____ Zip Code _____ - _____

I moved into Chesapeake on _____

I certify this vehicle is for [] Individual use [] Business use (more than 50% of the mileage or depreciation is for business purposes)

Signature _____

PRINT, COMPLETE, & SEND TO:

City of Chesapeake Treasurer's Office
P.O. Box 16495
Chesapeake, VA 23328-6495