

Commissioner of the Revenue Post Office Box 15285 Chesapeake, Virginia 23328

## **Boat Disposition Form**

Name:		SS#:	Account #:
Address:			Bill #:
City:	State:	Zip:	Daytime Telephone #:
Description of Boat: Year	Make		Model
Game and Inland Fisheries/Virg	ginia Certificati	ion Number:	
(1) I moved out of Chesapeake with the al	bove boat on date o	f	and do not intend to return this year.
NEW ADDRESS:			
(2) I sold or otherwise disposed of the abo	ove boat on the date	of	
to (Name)	)		(Address)
(3) I am exempt from personal property to Yes: No:	axes pursuant to the	Servicemembers	s Civil Relief Act or the Military Spouses Residency Relief Act.
	ne "Military Spouse		ne Servicemember's Leave and Earnings Statement (LES) showing lavit" which is listed under "Vehicle Services - Personal Property Forms"
•••••	•••••	••••••	
I do solemnly swear that the above inform	ation is true and con	rect to the best of	f my knowledge.
Date:		Signature:	
Subscribed and sworn to before me,			, a Notary Public for the Commonwealth of Virginia.
			Notary's Signature
My Commission Expires			
Notary ID #			