

PERSONAL PROPERTY CHANGE OF ADDRESS/NAME FORM

ACCOUNT ID# \_\_\_\_\_

PRIMARY TAXPAYER'S SOCIAL SECURITY # \_\_\_\_\_

SECONDARY TAXPAYER'S SOCIAL SECURITY # \_\_\_\_\_

NAME OF TAXPAYER(S) AS SHOWN CURRENTLY ON TAX BILL(S):

\_\_\_\_\_  
\_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NEW NAME (IF CHANGING) \_\_\_\_\_

(Make sure this information is also updated with the DMV)

\_\_\_\_\_  
Signature of Person Making Request

\_\_\_\_\_  
Date

This form may be mailed to: Valerie N. Bruffey  
Alleghany County Commissioner of the Revenue  
9212 Winterberry Ave, Suite E  
Covington, VA 24426

Or Faxed To: 540-863-6644

Or E-mailed To: [vbruffey@co.alleghany.va.us](mailto:vbruffey@co.alleghany.va.us)

If you have any questions, please call us at 540-863-6640.

FOR OFFICE USE ONLY:

Date Changed: \_\_\_\_\_

Changed By: \_\_\_\_\_