

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: Alleghany County Commissioner of the Revenue
9212 Winterberry Avenue, Suite E
Covington, VA 24426

Or faxed to: (540) 863-6644

Or e-mailed to: sselleck@co.alleghany.va.us

If you have any questions, please give us a call at (540) 863-6640.

FOR OFFICE USE ONLY

Date Changed: _____

Changed By: _____