



ANN H. THOMAS
Commissioner of the Revenue
COUNTY OF YORK, VIRGINIA

Post Office Box 190
Yorktown, Virginia 23690-0190
(757) 890-3381

ADDRESS CHANGE WITHIN YORK COUNTY ONLY

This notification is to be completed by current York County residents ONLY who have changed their address, but still reside in this locality.

IMPORTANT: *If you have moved from York County, please complete a "Notice of Disposition or Relocation" form for each vehicle, boat, trailer or mobile home you own.*

**Required Fields-form cannot be accepted unless these areas are complete*

Notification may be mailed or submitted through the document portal

*Name of Taxpayer 1 Affected by Address Change: _____

Name of Taxpayer 2 Affected by Address Change: _____

Name(s) of Additional Household Members Affected by Address Change:

*Old York County Address: _____

*New York County Address: _____

*Effective Date of Address Change: _____

*Contact Phone Number: _____

*Email Address: _____

Declaration: *I (we) declare that the statements and figures above are true, full and correct to the best of my (our) knowledge and belief. This notification cannot be accepted unless you initial or sign below.*

(If submitting by the DOCUMENT PORTAL, this form must be initialed, which will be the equivalent of your signature)

*Taxpayer 1 Initials: _____ Taxpayer 2 Initials: _____ *Date: _____

(If submitting by MAIL, this form must be signed)

Taxpayer 1 Signature: _____ Taxpayer 2 Signature: _____

(It is recommended that you PRINT and/or SAVE a copy for your records)

To submit this form through the document portal, please save your completed form and upload it [here](#).