



City of Winchester

Remove a Vehicle

21 S Kent St, Suite 100
 Winchester VA 22601
 Phone 540-667-1815 option 4
 Fax 540-667-8937
 cor@winchesterva.gov

Personal Property Account Number (if known): _____

Vehicle Owner Information	
Primary Owner Name (Last, First, Middle)	Secondary Owner Name (Last, First, Middle)
Social Security Number	Social Security Number
Telephone Number	Telephone Number
Address	City State Zip

Resident Status
<input type="checkbox"/> Current Resident – still live in Winchester Update your DMV records with the Sold Date
<input type="checkbox"/> Former Resident – no longer live in Winchester If moved to another Virginia locality: <ul style="list-style-type: none"> <input type="checkbox"/> Update your DMV records with your date of move, new address, and new “Garage Jurisdiction.” <input type="checkbox"/> Report this move to your new locality <input type="checkbox"/> Report this move to the City of Winchester If moved out of state: <ul style="list-style-type: none"> <input type="checkbox"/> Update your Virginia DMV records <input type="checkbox"/> Register your vehicle in your new state <input type="checkbox"/> Provide a copy of your new registration to this office

Vehicle 1 Information		Vehicle Id Number (VIN)	Plate Number
Year	Make	Model	
Vehicle was:	<input type="checkbox"/> Sold/Traded/Given Away <input type="checkbox"/> Moved <input type="checkbox"/> Junked (include Salvage receipt) <input type="checkbox"/> Destroyed	As of Date:	

Vehicle 2 Information		Vehicle Id Number (VIN)	Plate Number
Year	Make	Model	
Vehicle was:	<input type="checkbox"/> Sold/Traded/Given Away <input type="checkbox"/> Moved <input type="checkbox"/> Junked (include Salvage receipt) <input type="checkbox"/> Destroyed	As of Date:	

Vehicle 3 Information		Vehicle Id Number (VIN)	Plate Number
Year	Make	Model	
Vehicle was:	<input type="checkbox"/> Sold/Traded/Given Away <input type="checkbox"/> Moved <input type="checkbox"/> Junked (include Salvage receipt) <input type="checkbox"/> Destroyed	As of Date:	

Owner Certification		I hereby swear or affirm that all the information listed above is true and correct to the best of my knowledge.	
Owner Signature	Printed Name Title (if business)	Date	
Co-Owner Signature	Printed Name	Date	