

VETERAN TAX EXEMPTION QUESTIONNAIRE



COMMISSIONER OF THE REVENUE
 City of Colonial Heights
 201 James Avenue, P.O. Box 3401
 Colonial Heights, VA 23834
 Phone 804 520-9280
 Fax 804 520-9250

Name (Veteran/Applicant/Owner):	Phone #:
Name (Spouse):	Phone #:
Primary Residence Address:	Mailing Address if different

IS THIS PROPERTY OCCUPIED AS THE PRINCIPAL RESIDENCE BY THE QUALIFYING VETERAN OR WIDOW/WIDOWER? Yes No

Vehicle Requested to be Exempt Must Be Owned or Co-Owned by the Veteran on January 1st of Current Tax Year.

I (we) declare, under penalties provided by law, that this affidavit has been examined by me (us) and to the best of my (our) knowledge and belief is true, correct, and complete.

Signature of Applicant/Owner/Veteran

Signature of Spouse
Office Use only Below

Date

Owner of Record:	Parcel Number:
Qualifies? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why:	Qualifies as: <input type="checkbox"/> Veteran 100% Service Connected Permanent
Vehicle Year:	Vehicle Make:
RE Assessed Value	Vehicle Value
Assessed Tax	Assessed Tax
Exemption Amount	Exemption Amount