

**PERSONAL PROPERTY CHANGE OF ADDRESS / NAME FORM**

PRIMARY TAXPAYER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

SECONDARY TAXPAYER'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

NAME OF TAXPAYER(S) AS SHOWN CURRENTLY ON OUR RECORDS:

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

NEW ADDRESS:

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

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

(Make Sure This Information Is Also Updated With the VA Division of Motor Vehicle)

\_\_\_\_\_  
Signature of Person Requesting the Change

\_\_\_\_\_  
Date

This Form May Be Mailed To: Valerie Bruffey, Alleghany Co. Commissioner of the Revenue  
P.O. Box 300  
Low Moor, VA 24457

Or

May Be Delivered in Person To: Valerie Bruffey, Commissioner of the Revenue  
Alleghany County Governmental Complex  
9212 Winterberry Ave. Suite E  
Covington, VA 24426

Faxed To: 540-863-6644

E-mailed To: vbruffey@co.alleghany.va.us

If you have any questions, feel free to call 540-863-6640.

FOR OFFICE USE ONLY:

\_\_\_\_\_ Date Changed on Computer By: \_\_\_\_\_