



Tazewell County
Commissioner of the Revenue
 "Your Voice for Our Future"

**CERTIFICATION FOR CLASSIFICATION OF VEHICLES OWNED BY
 VOLUNTEER RESCUE SQUAD & FIRE DEPARTMENT MEMBERS**

Office of the Commissioner of Revenue
 135 Court St Ste 301 Tazewell VA 24651-0020
 Tel: (276) 385-1235 Fax: (276) 988-5221
 Email: cestep@tazewellcounty.org or rrichardson@tazewellcounty.org

----- FILE BY JANUARY 31 -----

Owner _____ Co-Owner _____
 Social Security Number _____ Email _____
 Address _____
 Home Phone: _____ Cell : _____ Work: _____

VEHICLE INFORMATION:

Make _____ Model _____ Year _____
 VIN# _____ Title# _____ License# _____

Leasing Company if Leased _____

Name of Volunteer Organization _____

I hereby certify that I am an active member of a volunteer rescue squad or volunteer fire department that regularly responds to emergency calls or regularly performs other duties for the rescue squad or fire department, has been active for a minimum of 2 years prior to this application without receiving any compensation for my duties, (fire fighters only) that I am listed as such on the roster that is maintained pursuant to the Virginia Code in the Tazewell County Circuit Court, I am not delinquent on any real or personal property taxes in Tazewell County and am certified as required by the Tazewell County Emergency Services Coordinator. I understand that the penalty for filing a false return is a Class 1 Misdemeanor.

 Signature: _____ Date: _____

Commissioner Use Only

Tax reduction approved COR _____ Date: _____
 Tax reduction denied COR _____ Date: _____

Received Date: _____



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CERTIFICATION OF SQUAD PRESIDENT/FIRE CHIEF

Name of Applicant _____

Date of Membership of Applicant _____ Member # _____

Date of Certification _____

Name of Organization _____

Name of Squad President/Fire Chief _____

Organization Address _____

Organization Phone _____ Fax _____

I certify that the above person is an an active member of this organization, is in good standing, regularly responds to calls or regularly performs other duties for this organization associated with their volunteer membership without compensation, is certified as required by the Tazewell County Emergency Services Coordinator and is included on his or her department's roster, in the case of fire fighter, which is filed with the Tazewell County Circuit Clerk's office. I affirm that this information is correct to the best of my knowledge. I understand that the penalty for filing a false return is a Class 1 Misdemeanor.

Signature/Squad/President/FireChief: _____

Date: _____