



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
 101 E Main St Ste 201 Tazewell VA 24651-1071
 Tel: (276) 385-1235 Fax: (276) 988-5221
 Email: maggie.buskil@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 _____

Received Date: _____

Commissioner Use Only

Tax reduction approved COR _____ Date: _____

Tax reduction denied COR _____ Date: _____