

Jenefer S. Hughes,
MBA, ACA, MCR
Commissioner

Gloria House, MPA,
MDCR
Chief Deputy Commissioner

COMMISSIONER OF THE REVENUE

Chesterfield County

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Chesterfield, Virginia 23832-0908
(804) 748-1281 Fax (804) 768-8649

www.chesterfield.gov/comrev cor@chesterfield.gov



VOLUNTEER - MASTER LIST

Tax Year: _____

Name of Volunteer Organization: _____

<u>Print</u> legal name of eligible volunteer LAST, FIRST, MIDDLE	Driver's License Number or Full SSN	Registration Fee Eligible	Retiree with 10 years min.

Please complete this form and return by January 31st via fax or email to the Office of the Commissioner of the Revenue at (fax) 804-768-8649 or cor@chesterfield.gov. If a volunteer is eligible for the tax reduction and the registration waiver, please complete the Volunteer Vehicle Certification for Special Taxation Rate and Registration Fee Waiver form.

Title : _____

Signature: _____
(must be signed by Volunteer Chief, President, or Head of Fire/Rescue Squad)