Jenefer S. Hughes, MBA, ACA, MCR

Commissioner

Gloria House, MPA, MDCR

Chief Deputy Commissioner

Commissioner of the Revenue

Chesterfield County

P.O. Box 124 Chesterfield, Virginia 23832-0908 (804) 748-1281 Fax (804) 768-8649

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



BOAT REGISTRATION

Date				
Name				
Address				
To ensure proper billing of yo furnish the following informa				to
We have received information	n from:			
☐ The U.S Coast Guard				
☐ The Virginia Departmen	t of Wildlife Resource	es		
We need more detailed information requested below.		e correct assessed value	. Please provide all the	
BOAT INFORMATION				
Year: Make: _		Model		
Hull ID:		Length:	ft	_in.
Date of Purchase:				
Date Boat was brought into C	Chesterfield County: _			
MOTOR INFORMATION				
Year:Manufacture	er:	Fuel Type:	Horsepower:	
Model Name and Number:				
(if more than one motor list b	oth) (Ex: Optin	nax-115ELPT) NOT the	serial #	
I certify that the above info	rmation is complete	and accurate:		
Owner's Signature:				
Date:	Phone #:			