Jenefer S. Hughes, MBA, ACA, MDCR
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

VOLUNTEER - MASTER LIST

Tax Year: _____

Name of Volunteer Organization: _____

Print legal name of eligible volunteer LAST, FIRST, MIDDLE	Last 4 of 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 District Chief, President, or Head of Fire/Rescue Squad)