



# ARLINGTON COUNTY COMMISSIONER OF REVENUE

VEHICLE PERSONAL PROPERTY DIVISION

2100 CLARENDON BLVD, WINDOW 218

ARLINGTON, VA 22201

703-228-3135

**KIM E. KLINGLER**  
COMMISSIONER

**MICHELLE NEVES**  
DEPUTY COMMISSIONER

## APPLICATION FOR TAX EXEMPTION OR TAX RELIEF FOR MILITARY SERVICEMEMBERS & LEGAL SPOUSES (Exemption applies to Personal Property Tax Only)

**Application for:**                      Servicemember Only                      Servicemember's Spouse Only                      Both

\*\*\*\*\*

**Active Duty Servicemember's Name:**

Last Name:                                      First Name:                                      Middle Initial:                                      Suffix:

Local Address:                                      City:                                      State:                                      Zip Code:

**Servicemember's Legal State of Residence or Domicile:**

*as indicated on Leave & Earnings Statement (LES)*

\*\*\*\*\*

**Contact Information:**                      *Same as local address above.*

Mailing Address:

City:                                      State:                                      Zip:

Daytime Phone Number:                                      Email Address:

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**Personal Property (vehicles, watercraft, trailers & motorhomes) was: (Please select only one)**

Moved to Arlington County on

Located in Arlington County since the purchase date of

**Please provide a copy of each of the following documentation with this application:**

- Active Duty Member's Military ID Card.
- Current LES (Note: If your vehicle was registered more than 6 months from today's date, submit an LES that corresponds within 3 months of your move-in date or date vehicle was acquired).
- If applying for tax relief for a leased vehicle, a copy of the lease agreement.
- Additional documentation may be requested upon review.

**This signed application and the required documentation may be emailed to [vehicle@arlingtonva.us](mailto:vehicle@arlingtonva.us) mailed to the Office of the Commissioner of Revenue at the address at the top of this application.**

**Declaration:** I declare that the information provided above is true, full, and correct to the best of my knowledge and belief.

Service Member's Name:

Complete Social Security Number:

Signature:

Date: