

Decal Application

TOWN OF PURCELLVILLE
 130 East Main Street
 Purcellville, VA 20132
 540-338-7093

For Office Use		For Office Use	
New Resident _____	New Vehicle _____	DECAL # _____	
Other _____		Date of Purchase _____	
Date Moved to Town _____		Fee \$ _____	
Date Vehicle Purchased _____		Staff initials _____	
Replacement/Transfer # _____		DECAL EXPIRES APRIL 15, 20_____	

Complete with information exactly as it appears on the VA State Registration (include COPY of Registration)

YEAR	MAKE & MODEL	TITLE NUMBER	VEHICLE IDENTIFICATION NUMBER

USED FOR BUSINESS? Yes ___ No ___

LEASED VEHICLE? Yes ___ No ___

Registered Owner Name or Lessor Name

Social Security No., T No., or FEIN (required)

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Joint Owner's Name or Lessee Name

Social Security Number or FEIN

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Mailing Address

Location of Vehicle if Different From Mailing

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City/Town

State

Zip

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Signature _____

Date _____

I certify that the above information is correct.