

# NOTIFICATION OF DEALERSHIP TEMPORARY CLOSING

NAME AND ADDRESS OF DEALERSHIP:

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DEALER NUMBER(S): \_\_\_\_\_

DATES DEALERSHIP WILL BE CLOSED (Not to exceed two weeks):

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REASON DEALERSHIP WILL BE CLOSED (Vacation, Illness, etc.):

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***Please mail or FAX this information to:***

***Motor Vehicle Dealer Board  
2201 W. Broad Street, Suite 104  
Richmond, Virginia 23220  
FAX (804) 367-1053***

Unless it is an EXTREME emergency, this information should be forwarded to the Dealer Board office ***at least one week prior to closure***. Failure to notify the Dealer Board could possibly result in the dealership receiving a reprimand for failing to maintain the required hours.