



VEHICLE REGISTRATION FORM

(Use one form per vehicle)

Please Print

NAME (Last, First) _____

(Last)

(First)

STREET ADDRESS _____

HOME PHONE NUMBER _____

WORK PHONE NUMBER _____

VEHICLE INFORMATION:

MAKE _____ MODEL _____ YEAR _____ COLOR _____

TAG # _____
(State) (Tag number)

Signature _____

The above information is true to my knowledge.

OFFICE USE ONLY

Sticker Number _____ District _____

Date Issued ____/____/____

() New () Replacement (Old # _____)

Employee Initials _____

Recorded (x) _____