

AFFIDAVIT NON-RECEIPT OF MAIL

License Plate Number: _____

Vehicle Identification Number: _____

Make: _____ Type: _____

I certify that I have not received the certificate/emblem/plate as indicated below which was mailed to my address of record. The address of record is my correct mailing address. I understand that upon issuance of a replacement, the original will no longer be valid for any purpose. If the original is subsequently delivered, I will return it together with the envelope that contained the item(s) mailed.

CERTIFICATE OF TITLE

CERTIFICATE OF REGISTRATION

EMBLEM

LICENSE PLATE

Printed Name of Registered Owner Or Lienholder/Legal Owner
of record for Duplicate Title

Signature of Registered Owner
Or Lienholder/Legal Owner of record for Duplicate Title

Printed Name of Co-owner of record for Duplicate Title

Signature of Co-owner of record for Duplicate Title

Address

City, State, Zip Code

Date

(FOR DEPARTMENT USE ONLY)

TCI: _____

DATE ORIGINAL MAILED: _____

NEW LICENSE PLATE NO.: _____

NEW EMBLEM NO.: _____

CLERK'S NAME: _____

DATE PROCESSED: _____

SUPERVISOR'S APPROVAL: _____