

ARCHDIOCESE OF ATLANTA 0348 VEHICLE CHANGE REQUEST FORM

DATE: _____

LOCATION/LEDGER PAGE NO. _____ NEW: YES ___ NO ___

PRIEST/PARISH/LOCATION _____

MAILING ADDRESS _____

ADD ___ EFF. DATE _____

YEAR _____ MAKE _____ MODEL _____

VIN _____

GARAGED AT ADDRESS _____

LOSS PAYEE/LIEN HOLDER: YES ___ NO ___

IF YES, NAME AND ADDRESS: _____

PLATE TRANSFER: YES ___ NO ___

IS IT A BUS / VAN / CARGO VAN _____ HOW MANY PASSENGERS DOES IT HOLD _____

IS IT A RV/TRAILER: GROSS VEHICLE WEIGHT _____

IF TRAILER/RV: ORIGINAL COST NEW _____

DELETE ___ EFF. DATE _____

YEAR _____ MAKE _____ MODEL _____

VIN _____

REASON FOR DELETION _____

DRIVER INFO: (Please attach copy of License)

| Name (as it appears on DL) | Birthdate | State Issued | License No. |
|----------------------------|-----------|--------------|-------------|
| ADDITIONAL COMMENTS: _____ | | | |
| _____ | | | |

Alternatively, changes can be submitted by completing the online form at the following link:

Fleet Auto Form