

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.
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ADDITIONAL COMMENTS: _____
