



Sonya Little
Tax Commissioner

Dana McKinzie
Deputy Tax Commissioner

REQUEST FOR CANCELLATION OF REGISTRATION

I _____ (Printed name of registered owner),
request that the registration for the following vehicle be cancelled.

Year _____ Make _____ Model _____

Tag Number _____

Reason for Cancellation _____

Signature _____

(A COPY OF YOUR DRIVER'S LICENSE MUST BE SUBMITTED TO CANCEL YOUR VEHICLE
REGISTRATION)