

Plate #	Make	Model	Year	Owner's Phone #	Owner's Email	Owner's Date of Birth

Registered Owner's Name: Last				First		Middle	
Registered Owner's Mailing Address: <i>If PO or Private Box, fill in "Physical Address" below.</i>					City:	State:	Zip:
Registered Owner's Physical Address: <i>NO PO or Private Box.</i>					City:	State:	Zip:

Requester's Name: Last				First		Middle	
Requester's Mailing Address: <i>If PO or Private Box, fill in "Physical Address" below.</i>					City:	State:	Zip:
Requester's Phone #			Requester's Email			Requester's Date of Birth	

The operator of the Vehicle when Plates were Seized	Operator's Date of Birth	Police Department that seized plates	Name of officer who seized plates	Date plates were seized
If Registered Owner is Under Suspension, Alternate Licensed Driver:				Date of Birth:

Justification for Plate Return Statement / What and Why:

I hereby affirm, under penalty of perjury, that the information on this form is true to the best of my knowledge. This declaration made under penalties of 23 VSA § 202 & § 4110.	
Signature of Registered Owner:	Date: