

**LOST OR STOLEN LICENSE PLATE AND/OR TAG INFORMATION**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVER'S LICENSE AND/OR SSN \_\_\_\_\_

HOW MANY PLATES/TAGS ARE MISSING? \_\_\_\_\_

MISSING PLATE # \_\_\_\_\_

WHEN DID YOU BECOME AWARE THE PLATES/TAGS WERE MISSING? \_\_\_\_\_

LOCATION OF OCCURRENCE (IF KNOWN) \_\_\_\_\_

WERE THE PLATES MISSING WHEN THE VEHICLE WAS PURCHASED \_\_\_\_\_

IF YES, WHERE WAS THE VEHICLE PURCHASED? \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

ARE YOU REPORTING THIS FOR YOUR EMPLOYER? \_\_\_\_\_

IF YES, PLEASE FILL OUT INFORMATION BELOW.

**EMPLOYER INFORMATION**

NAME OF BUSINESS YOU ARE REPORTING FOR \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE NO. \_\_\_\_\_