

516 EAST WASHINGTON AVENUE, SUITE 1 MADISON, WISCONSIN 53703 608-256-8391 OFFICE 608-256-8392 FAX

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CHANGE OF VEHICLE INFORMATION

PLEASE PRINT CLEARLY

	NAME:	
	ADDRESS:	
	PHONE NUMBER:	
Type of Change (Check One)		
	☐ Temporary Vehicle (From	Through
	☐ Permanent New Vehicle	
	Old Vehicle	2
Make: _	Model:	Year:
Color: _	Plate Number:	State:
	New Vehicle	e
Make: _	Model:	Year:
Color: _	Plate Number:	State:
agree ar	nd understand that I am responsible for inf any vehicle changes before parkin	
Signature:		Date: