



DOUGLAS COUNTY CLERK AND RECORDER
DEPARTMENT OF MOTOR VEHICLES
REGISTRATION SECTION
www.douglas.co.us

REQUEST TO CANCEL COLORADO LICENSE PLATES

I, the undersigned request that the following Colorado License Plate/Record be cancelled:

Plate Number:	Plate Type:
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This license plate is currently registered to the following vehicle:

Year:	Make:	VIN:
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By canceling, I acknowledge that any remaining credit from this record is hereby forfeited.

Were the plates returned to the county office? Yes No

I certify, under penalty of perjury in the second degree, that I am an owner of the listed vehicle and the facts above are true and correct to the best of my knowledge.

Owner's Signature:		Date:
SECURE AND VERIFIABLE IDENTIFICATION		
Name as it appears on Identification:		
I.D. #	D.O.B.	Expires
Witness Signature:		Date: