

Tax Commission 8 Turtle Dr. Wyandotte, OK 74370 (918)678-6353

## **AFFIDAVIT TO REQUEST CHANGE ON TITLE**

All fields must be completed

YEAI	R: MAKE:	MODEL:		
BOD	Y: PHONE NUMBE	ER:		
TAG	#: TITLE N	NUMBER:		
VIN :	#:			
Phys	sical Address:	City	State	Zipcode
Maili	ing Address:	-	State	Zipcode
		City	State	Zipcode
I,, the legal owner of the above listed vehicle hereby request to make the following changes to my title.				
•	Check all that			
	I would like to REMOVE the following name(s) from my title			
			· · · · · · · · · · · · · · · · · · ·	
П	I would like to ADD the following name(s) to my title			
	- 110 111 111 10 111 10 111 111 111 11 11			
			<del></del>	
	Signature of registered owner			
Subscribed and Sworn to before me this day of  My Commission expires			, 20_	·
-			{SE	AL}

**Notary Public**