

Authorization to register a Motor Vehicle

On the following motor vehicle record, I _____ am

The recorded: owner co-owner. My current address is

City, State, and Zip _____

Year

Make

License Plate Number

Vehicle Identification Number

I authorize Wichita County Tax Office to register my vehicle and release my personal information to the following person:

Name: _____

Address: _____

City, State, and Zip _____

Signature of recorded owner/co-owner

Date

*****NOTE: A COPY OF THE RECORDED OWNER OR RECORDED CO-OWNER'S GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED.**

