

VEHICLE REGISTRATION AND/OR TITLE REVOCATION REQUEST



**SECRETARY OF STATE
POLICE**

3650 Winchester Rd.
Springfield, IL 62707
FAX: 217-782-2896

(Please print clearly or type)

TYPE OF REVOCATION (check one):

- License plates only Title only

License Plates Number:		Vehicle Identification Number:		
Title Number:		Vehicle Make:		Vehicle Year:
Last Name:		First Name:		Middle Initial:
Last Name:		First Name:		Middle Initial:
Address:				City:
State:	ZIP Code:	Telephone Number:	Driver's License Number:	

REASON FOR REVOCATION (check one):

- | | |
|--|---|
| <input type="checkbox"/> Vehicle sold with plates | <input type="checkbox"/> New owner failed to transfer title (Title revocation only) |
| <input type="checkbox"/> Owner moved out of state | <input type="checkbox"/> Divorce (Clear copy of divorce decree required) |
| <input type="checkbox"/> Plates lost, destroyed or disposed of | <input type="checkbox"/> Owner deceased (Clear copy of death certificate required) |
| <input type="checkbox"/> Vehicle donated to charity | <input type="checkbox"/> Non-possession of plates |
| <input type="checkbox"/> Vehicle towed/junked with plates | <input type="checkbox"/> Vehicle/plates stolen (Clear copy of police report required) |
| | <input type="checkbox"/> Vehicle repossessed |

REGISTERED OWNER'S SIGNATURE(S):

(Signatures of all registered and/or titled owners are required. Leased vehicles must include the lessor's signature before request is accepted.)

Registered owner's signature

Date

Registered owner's signature

Date

Each request must include the correct owner and vehicle information, reason for revocation and signature(s) of the registered owner(s). Failure to include this information will prevent the request from being processed. Vehicle registration and/or title revocation does not remove your name from the record. Please mail or fax to the address above.