

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 or both):

- Registration Plates Certificate of Title

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 applicable):

- | | |
|--|---|
| <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/title stolen (Clear copy of police report required) |
| <input type="checkbox"/> Court order (clear copy 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.)

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true. (735 ILCS 5/1-109)

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.