

Petition for Return of Seized Plates

802.828.2011 dmv.vermont.gov

Plate #	Make	Model	Year	Owner's Phone #	Owner's Email		Owner's Date of Birth	
Registered Owne	r's Name: Las	st	-	First	-	Middle		
registered 5 whe	z priminer za			2 44 94				
Registered Owne	v's Mailing Add	MOSS! # DO Division	Des Cities (CDIsses) and Address	- II hodo	City	State:	7:	
Registered Owne	r s Maining Add	1 ess. If PO of Private	e Box, fill in "Physical Addres	s below.	City:	State:	Zip:	
Registered Owner's Physical Address: NO PO or Private Box.					City:	State:	Zip:	
Requester's Name: Last First					1	Middle	1	
Requester s Ivani	c. Last			First		Middle		
					T	1	Γ =.	
Requester's Mailing Address: If PO or Private Box, fill in "Physical Address"					City:	State:	Zip:	
Requester's Phone # Requester's Email						Requester's Date of Birth		
The operator of the Vehicle when Plates					Name of officer w	ho seized plates	Date plates were seized	
were Seized			Date of Birth	that seized plates				
If Registered Owner is Under Suspension, Alternate Licensed Driver:						Date of E	Date of Birth:	
ustification for Pl	ate Return State	ement / What	and Why:					
L hereby affirm	under nenalt	v of periury	that the inform	nation on this form i	s true to the hest of	my knowledge. This de	eclaration made under	
I hereby affirm, under penalty of perjury, that the information on this form is true to the best of my knowledge. This declaration made under penalties of 23 VSA § 202 & § 4110.								
Signature of Re	egistered Owne	er:					Date:	