



KAW NATION TAX COMMISSION

ROLL # _____

P.O. Box 50

Kaw City, OK 74641

kawtagoffice@kawnation.com

APPLICATION FOR DUPLICATE TITLE

TITLE FEE: \$10

MAILING FEE: REGULAR MAIL \$6 – WITH TRACKING \$12

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE #: _____ EMAIL: _____

I/We declare that the title on the below listed vehicle was:

- lost stolen destroyed

YEAR: _____ MAKE: _____ MODEL: _____

VIN#: _____

TAG #: _____ DECAL #: _____

I/We affix our signature(s) below in attestation of the promises and agreements described above, and hereby apply for a duplicated motor vehicle title.

Make Checks Payable to: Kaw Nation Tax Commission

Owner or Legal Agent: _____ DATE: _____

Owner or Legal Agent: _____ DATE: _____

Kaw Nation Tag Clerk: _____

Tag office use only:

____ Driver's License