

KAW NATION TAX COMMISSION

P.O. Box 50
Kaw City, OK 74641
kawtagoffice@kawnation.com

APPLICATION FOR ORIGINAL TITLE

Person or Company Making Request:		
Address:		
		E-Mail:
Customer Information:		
Owner Name:		
Address		
Address:		
City:	State:	Zip:
Vehicle Information:		
Model Year and Make:		Body Type:
Identification Number:		
THIS VEHICLE IS SUBJECT TO THE FOLLOWING LIEN:		
Name:		Date of Lien:
Address:		
City	Chahai	7:
City.	State:	Zip:
I, the undersigned, under the penalties of perjury do solemnly swear (or affirm) that I am the owner or legal agent of the owner of the above described vehicle and that the statements are true. Owner or Agent:		
State of	, County of	
Subscribed and sworn to before me this_	day of,	·
My commission expires		Notary Seal
	Notary Publi	ic