



**KAW NATION TAX COMMISSION**

ROLL # \_\_\_\_\_

P.O. Box 50

Kaw City, OK 74641

kawtagoffice@kawnation.com

**APPLICATION FOR REPLACEMENT DECAL**

**DECAL FEE: \$5 – MAILING FEE: \$6**

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 replacement decal.

**Make Checks Payable to: Kaw Nation Tax Commission**

Owner or Legal Agent: \_\_\_\_\_ DATE: \_\_\_\_\_

Kaw Nation Tag Clerk: \_\_\_\_\_

**Tag office use only:**

\_\_\_\_\_ **Driver's License**