



KAW NATION TAX COMMISSION

Roll # _____

VEHICLE INFORMATION REQUEST

DATE: _____ VIN #: _____ LICENSE PLATE #: _____ DECAL #: _____

YEAR: _____ MAKE: _____ MODEL: _____ BODY: _____

REASON FOR REQUEST: _____

CHECK THE FOLLOWING APPLICABLE STATEMENT:

- I represent a licensed wrecker/towing service identified below and the information will only be used to notify owners of towed or impounded vehicles. Department of Public Safety Wrecker/Towing service license number _____.
- The information is to be used by a legitimate business identified below or its agents, employees, or contractors for use in the normal course of business only. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees.
- The information is to be used in conjunction with a civil, criminal, administrative, or arbitral proceeding in a federal, state, or local court or agency or before any self-regulating body, including service of process investigation in anticipation of litigation and the execution or enforcement of a judgment or order, or pursuant to an order of any court.
- The information is to be used by an insurer or insurance support organization identified below, or by self-insurance entity or its agents, employees, or contractors in connection with claims investigations activities, antifraud activities, rating or underwriting.
- I represent a governmental court or law enforcement agency identified below and the information is to be utilized in carrying out its official function.

WARNING

Federal and State law provides that a person making a false statement for the purpose of obtaining vehicle ownership information or using the information for any purpose other than that use permitted by law, is unlawful and subject to criminal fines and or imprisonment. In addition, federal law provides for possible civil action, where remedies may include actual and punitive damages plus reasonable court costs.

I understand the information being provided is confidential under Federal and State law and is being released to me only for the reasons I have indicated above and is to be released to no other entity.

Name of company wrecker/towing service or court or law enforcement: _____

Address: _____ City: _____ State: _____ Zip: _____

Print Name: _____ Signature: _____

Subscribed and sworn before me this _____ day of _____, _____.

My commission expires _____

_____, Notary Public

Notary Seal

\$5.00 Certified Copy Current Ownership and Lienholder Information

\$5.00 Certified Copy of lien release on file.

Make Checks Payable to Kaw Nation Tax Commission

If paying by credit card over phone you are giving authorization to enter manually for fees

Mailing Address:
Kaw Nation Tax Commission
P.O. Box 50 – 698 Grandview Dr
Kaw City, OK 74641

Contact Information:
Kaw Tag Office
580-269-2552 Ext. 206
kawtagoffice@kawnation.gov