

Secretary of State VEHICLE LICENSE PLATES REVOCATION REQUEST

This space for use by **Secretary of State**

Secretary of State Vehicle Services Department Special Plates Division 501 S. Second St., Rm. 520 Springfield, IL 62756 Fax (217) 785-1038 www.ilsos.gov

Please print or type	

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License Plate Number	Vehicle Identification Number	Vehicle Make	Vehicle Year	
Last Name/1st Owner	First Name		Middle Initial	
Last Name/2nd Owner	First Name		Middle Initial	
Current Address	Apt.# City	State	ZIP Code	
Phone Number(s)	Driver's License Number(s)		
	Reason for License Plate Revoc	cation (check one):		
☐ Vehicle sold/traded i	n with license plates attached	Registered owner mo	oved out of state	
License plates lost/missing/destroyed		☐ Vehicle towed/junked with license plates		
Registered owner deceased (copy of death certificate required)		☐ Vehicle donated to charity with license plates		
Divorce (single owne	r only, copy of divorce decree required)	☐ Non-possession of license plates		
License plates stoler	n (copy of police report required)	☐ Vehicle repossessed with license plates		
the registered/titled own	de the correct owner(s) and vehicle infoner(s). Failure to include this information ust include the lessor's signature. Revocar vehicle record.	will prevent the request from	m being processed. A	
certifies that the statement	ded by law pursuant to Section 1-109 of ents set forth in this instrument are true elief as to such matters the undersigned CS 5/1-109)	and correct, except as to m	natters therein stated to	
Re	egistered Owner's Signature		Date	
Re	egistered Owner's Signature		Date	