

State of Vermont DEPARTMENT OF MOTOR VEHICLES 120 State Street Montpelier, VT 05603-0001 dmv.vermont.gov

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Petition for Return of Seized Plates

Title 23 VSA §674 & §513

Plate #: Vehicle Make/Mod	lel/Year:		
Registered Owner's Name:	Owner's Date of Birth:		
Owner's Mailing Address:			
	Mailing Address		
	Owner's Phone #:		
City/Town	State Zip		
Requestor's Name:	Requestor's Date of Birth:		
Requestor's Mailing Address:			
	Mailing Address		
	-		
	Requestor's Phone #:		
City/Town	State Zip		
Operator of Vehicle when	Operator's		
Plates were Seized:	Date of Birth:		
Police Department who Seized Plates:			
Officer who Seized Plates:	Seized Date:		
If Registered Owner is Under			
Suspension, Alternate Licensed Driver:	Date of Birth:		
Justification for Plate Return Statement / What and Why:			
	additional room on back $ ightarrow$		
Registered Owner Signature:	Date:		

TA-VG-154 12/2013 REB



Additional explanation:
