



# Franklin County Department of Public Safety Add/Delete Vehicle Form

## ADD Vehicle Information

Effective Date:

YEAR:

MAKE/MODEL:

VIN #

VALUE:

Date given to A. Law:

Completed by:

Notes:

## DELETE Vehicle Information

Delete Effective Date:

Reason Deleted:

Deleted per whom:

To be Surplused?    YES    NO

Date given to A. Law:

Completed by:

Notes:

**GIVE COMPLETED FORM TO A. LAW TO ADD/DELETE FROM INSURANCE**