



Muscogee (Creek) Nation
Tag Office
VEHICLE INFORMATION REQUEST
(One form per each vehicle)

Fax: 918-938.0509

Date of Request

I hereby request ownership/lienholder information on the following vehicle:

*VIN:
*License Plate:
Year: Make:
*Registration Decal:
*Title Number:
Vehicle Type:

* At least one (1) of these items is required to access record. (I.E.: Car, Truck, Trailer, Etc.)

WARNING

Federal and State law provide 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.

TO GUARANTEE RETURN OF YOUR REQUEST, THIS SECTION MUST BE COMPLETED. A NOTARY SEAL IS REQUIRED.

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

Signature:
Printed Name of Individual:

Company, if applicable:
(Print name of company, wrecker/towing service, or governmental court or law enforcement agency)

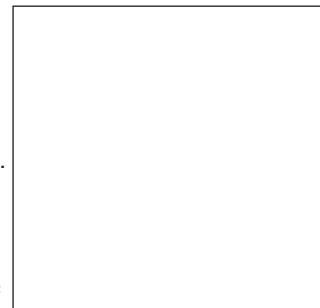
Address:

City: State: ZIP Code:

Subscribed and sworn to before me this day of

My commission expires

, Notary Public



Notary Seal

YOU MUST CONFIRM YOUR ELIGIBILITY TO RECEIVE THE REQUESTED INFORMATION BY SELECTING THE APPROPRIATE STATEMENT BELOW (CHECK ONE):

- I am the current owner. (Record owner, attach Driver's License or State ID) (If not the record owner, attach proof of purchase.)
I'm requesting the information on behalf of the current owner. (Written notarized authorization & Driver's License from record owner REQUIRED.
I represent a licensed wrecker/towing service identified above 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 above or its agents, employees or contractors for use in the normal course of business only:
A. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees or
B. If such information as submitted is not correct, or no longer correct, to obtain the correct information for the sole purpose of preventing fraud by pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
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 judgement or order, or pursuant to an order of any court.
The information is to be used by an Insurer or insurance support organization identified above, or by a self insured entity or its agents, employees, or contractors in connection with claims investigation activities, antifraud activities, rating or underwriting.
I represent a licensed private investigative agency or licensed security service identified above and the information will be utilized for one of the above listed purposes.
I represent a governmental court or law enforcement agency identified above and the information is to be utilized in carrying out its official function

Insurance Information Release:

- I represent a law enforcement agency identified above and insurance information is required in the investigation of an accident pursuant to the provisions of OS Title 47 § 10-104.

All Information request will be faxed or emailed back.

Email/Fax#