

KAW NATION TAX COMMISSION

P.O. Box 50 – 698 Grandview Dr Kaw City, OK 74641

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APPLICATION FOR ORIGINAL TITLE

Company Making Request:			
Individual Making Request:			
Address:			
		Zip:	
Phone Number:	Department/Extension #:	E-Mail:	
	<u>Customer Information:</u> er Name: Phone Number:		
Address:			
City:	State:	Zip:	
Vehicle Information:			
Model Year and Make:		Body Type:	
Identification Number:			
Model:	Color:		
THIS VEHICLE IS SUBJECT TO THE FOLLOWING LIEN:			
Name:		Date of Lien:	
Address:			
City:	State:	Zip:	
I, the undersigned, under the penalties of perjury do solemnly swear (or affirm) that I am the owner or legal agent of the owner of the above-described vehicle and that the statements are true.			
Owner or Agent:			
State of	, County of		
Subscribed and sworn to before me this day of,			
My commission expires		Notary Seal	
Notary Public			