Authorization To Renew Registration for a Motor Vehicle

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Vehi	cle Information:						City of Robbinsdale
License Plate # Year Ma		Make		VIN			
Insurance Company Name Ir		Insur	ance Policy Num	ber	Insurance Expiration Date		
	d Owner's State	ment of Con	sent:		Γ		
"I,	Titled Owners Name			authorize	Authorized Person's Name		to renew the
	Titled Owners Diver's License Number		_	Authorized Person's Driver's License Number		registration for the above described vehicle."	
, <u>-</u>	X Titled Owner's S	Signature		Re Th	ne use of this form allow egistration for a Motor V nis form does not author gistration address nor s	/ehicle. rize a Non-Owner to c	hange the

All information on this form is required. <u>Titled Owner's signature must be in original ink.</u> Copies, emails and faxes are not <u>accepted.</u> Any write-over, alteration or erasure voids this form.

or plates. These actions can only be done by the Titled Owner.