

CHANGE OF ACD REGISTRATION FORM

Date: _____

Resident: _____

Address: _____

Phone: _____

I HAVE REPLACED A VEHICLE:	YES _____	NO _____
I HAVE A NEW VEHICLE:	YES _____	NO _____
I NEED A REPLACEMENT ACD CODE:	YES _____	NO _____
I NEED A REPLACEMENT BIRD DECAL:	YES _____	NO _____

OLD VEHICLE: _____

(YEAR, MAKE AND MODEL)

(TAG NUMBER)

OLD BIRD DECAL #: _____

OLD BAR CODE/ACD #: _____

NEW VEHICLE: _____

(YEAR, MAKE AND MODEL)

(TAG NUMBER)

NEW BIRD DECAL #: _____

NEW ACD CODE #: _____

(OFFICE USE ONLY)

Date Deleted _____

Security Initials _____