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/SAME VEHICLE: _____

(YEAR, MAKE AND MODEL)

_____

(TAG NUMBER)

NEW BIRD DECAL #: _____

NEW ACD CODE #: _____

(OFFICE USE ONLY)

Date Deleted_____ **Security Initials**_____