

DIOCESE OF EL PASO
CHANGE OF VEHICLE - REQUEST FORM

PARISH NAME _____ LOCATION NUMBER 0113- _____
PARISH ADDRESS _____
PARISH PHONE # _____ PARISH EMAIL ADDRESS _____

COMPLETE THE SECTION BELOW TO ADD A VEHICLE

EFFECTIVE DATE _____

YEAR _____ MAKE _____ MODEL _____

VIN _____

FULL COVERAGE _____ LIABILITY ONLY _____

INTENDED USE: PRIVATE PASSENGER _____
MAINTENANCE/CUSTODIAL _____
DELIVERY (FOOD TRUCK) _____
HAULING EQUIPMENT _____
TRANSPORTING CHILDREN OR PARISHIONERS _____
OTHER _____

VEHICLE TYPE: BUS _____ VAN _____ CARGO _____

PRIVATE PASSENGER _____

IF BUS, VAN OR CARGO VAN: HOW MANY PASSENGERS DOES VEHICLE SEAT _____

RV OR TRAILER GROSS VEHICLE WEIGHT _____

ORIGINAL COST NEW (IF FULL COVERAGE) _____

GARAGED AT ADDRESS _____

LOSS PAYEE/LIEN HOLDER _____

PLATE TRANSFER: YES _____ NO _____

COMPLETE THE SECTION BELOW TO REMOVED A VEHICLE

EFFECTIVE DATE _____

YEAR _____ MAKE _____ MODEL _____

VIN _____

REASON FOR DELETING _____

If vehicle sold, please provide a copy of the Bill of Sale

If Priest/vehicle transferred to another Parish, please provide the name of the Parish _____

SIGNATURE _____ DATE _____