

SENECA - CAYUGA NATION

Tax Commission PO Box 453220 Grove, Oklahoma 74345
P: 918-787-5452 ext 250 F: 918-517-3586

APPLICATION FOR DUPLICATE TITLE

Model Year _____ Manufacturing
And Make _____ Model _____

Title Number _____ VIN Number _____

Tag Number _____ Registration Expires _____

Owners Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Reason for Requiring
This Duplicate Title _____

I, the undersigned, lawful owner of the above-described vehicle, hereby make application for a Duplicate Title with full knowledge that any false statement may subject me to prosecution. **I further understand there is a \$25.00 fee for the duplicate title.**

Name _____ Tribal Enrollment Card # _____

Subscribed and sworn to before me this _____ day of _____, _____

My Commission expires _____ Notary Public _____

Commission # _____

Seneca-Cayuga Tribal Tax Commission Use Only

Received By _____

Process Date _____

