

PERSONAL PLATE LETTER REQUEST

Fill out the form below completely.

Date: ___/___/___

GM Financial Account Number: _____

Name(s) on the account: _____

Mailing Street Address: _____

City, State, ZIP Code: _____

Phone Number: _____

Vehicle Plate Number: _____

Check the appropriate box.

- I am requesting a plate **Transfer** letter.
- I am requesting a plate **Release** letter.

Return Form to:

Name: Personal Plate Department

Fax Number: 1-800-342-9605

Email: gmpersplate@pdpgroupinc.com

Signature: _____

Date _____