



Kiowa Tribe Tax Commission

P.O. Box 369, Carnegie, OK 73015

PHONE 405-901-9271 Email: tag@kiowatribe.org

VEHICLE INFORMATION REQUEST

(One form per each vehicle)

Date _____

I hereby request ownership/lien holder information on the following vehicle:

Kiowa Tag Number _____ Kiowa Title Number _____

Registration Decal _____ Tag Expires Month & Year _____

Make _____ Model _____ Year _____

Body Type _____ VIN _____

CHECK THE FOLLOWING APPLICABLE STATEMENT

- ☐ I am the current owner. (If not the record owner, attach proof of purchase.)
- ☐ I am requesting the information on behalf of the current owner _____
- ☐ I represent a licensed wrecker/towing service identified below and the information will only be used to notify owners of towed or impounded vehicles. Department of Public Safety Wrecker/Towing service license number _____
- ☐ The information is to be used by a legitimate business identified below or its agents, employees or contractors for use in the normal course of business only:
 - a. To verify the accuracy of personal information submitted by the individual to the business or its agents, employees or
 - b. If such information as submitted is not correct, or no longer correct, to obtain the correct information for the sole purpose of preventing fraud by pursuing legal remedies against, or recovering on a debt or security interest against, the individual.
- ☐ The information is to be used in conjunction with a civil, criminal, administrative, or arbitral proceeding in a federal, state, or local court or agency or before any self regulating body, including service of process investigation in anticipation of litigation and the execution or enforcement of a judgment or order, or pursuant to an order of any court.
- ☐ The information is to be used by an Insurer or insurance support organization identified below, or by a self insured entity or its agents, employees, or contractors in connection with claims investigation activities, antifraud activities, rating or underwriting.
- ☐ I represent a licensed private investigative agency or licensed security service identified below and the information will be utilized for one of the above listed purposes.
- ☐ I represent a governmental court or law enforcement agency identified below and the information is to be utilized in carrying out its official function.

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Insurance Information Release:

☐ I represent a law enforcement agency identified below and insurance information is required in the investigation of an accident pursuant to the provisions of OS Title 47 § 10-104.

WARNING: Federal and State law provide that a person making a false statement for the purpose of obtaining vehicle ownership information, or using the information for any purpose other than that use permitted by law, is unlawful and subject to criminal fines and/or imprisonment. In addition, federal law provides for possible civil action, where remedies may include actual and punitive damages plus reasonable court costs.

I understand the information being provided is confidential under Federal, State law and is being released to me only for the reason I have indicated above and is to be released to no other entity.

Signature _____

Printed Name of Individual _____

Representing _____
(print name of company wrecker/towing service, governmental court, law enforcement agency)

Address _____

City _____ State _____ Zip _____

Approved by _____ Date _____
Kiowa Tax Commission