

Secretary of StateVEHICLE LICENSE PLATES REVOCATION REQUEST

This space for use by Secretary of State

Date

Secretary of State
Vehicle Services Department
Special Plates Division
501 S. Second St., Rm. 520
Springfield, IL 62756
Fax (217) 785-1038
www.cyberdriveillinois.com

		Please print or t	ype		
License Plate Number	Vehicle Ide	entification Number	Vehicle Make	Vehicle Year	
Last Name/1st Owner		First Name		Middle Initial	
Last Name/2nd Owner		First Name		Middle Initial	
Current Address	Apt.#	City	State	ZIP Code	
Phone Number(s) Driver's License Number(s)					
	Reason fo	or License Plate Revo	cation (check one):		
☐ Vehicle sold/traded in with license plates attached			Registered owner mo	Registered owner moved out of state	
License plates lost/missing/destroyed			☐ Vehicle towed/junked	☐ Vehicle towed/junked with license plates	
Registered owner deceased (copy of death certificate required)			☐ Vehicle donated to charity with license plates		
Divorce (single owne	r only, copy of divor	Non-possession of license plates			
License plates stolen (copy of police report required)			☐ Vehicle repossessed with license plates		
the registered/titled own	ner(s). Failure to inc ust include the less	clude this information	ormation, reason for revocation will prevent the request from cation of the license plate do	n being processed. A	
certifies that the statem	ents set forth in thi elief as to such ma	is instrument are tru	of the Code of Civil Procedure e and correct, except as to m d certifies as foresaid that he	atters therein stated to	
Re	egistered Owner's Signa	ıture		Date	

Registered Owner's Signature