



# Jackson County Treasurer

**Lisa Miller, County Treasurer**  
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## Plate Refund or Transfer

Plate # \_\_\_\_\_

VIN # \_\_\_\_\_

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Date of Disposition: \_\_\_\_\_

Sold To: \_\_\_\_\_

Scrapped By: \_\_\_\_\_

Transferred /Traded Ownership To: \_\_\_\_\_

Mailing Address for Check if applicable:

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Street Address

City

State

Zip

Phone Number: \_\_\_\_\_

By my signature I swear or affirm that this is a true and correct statement. By signing this refund document, I am aware that my registration and ownership of this vehicle are now void.

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Signature of seller

Hand Printed Name

Date