



# 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: gmfpersplate@pdpgroupinc.com

Signature: \_\_\_\_\_

Date \_\_\_\_\_