

# RELOCATION REQUEST FORM

Fill out the following with the information for your new location.

Today's Date: \_\_\_/\_\_\_/\_\_\_

Account Number: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

New Street Address: \_\_\_\_\_

New City, State, ZIP Code: \_\_\_\_\_

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

- I am requesting **Title and Registration** for my new state of \_\_\_\_\_.
- I am requesting **only Registration** for my new state of \_\_\_\_\_.

**DMV Location (nearest to you)  
Insurance Location, if applicable**

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

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

**Return Form to:**

**Name:** Relocation Department

**Fax Number:** 1-800-379-7312

**Email:** gmfreloadup@pdpgroupinc.com

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

**Date:** \_\_\_\_\_