



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

## Lubbock County Tax Assessor-Collector Title Service Customer Information

**Attach a completed copy of this document to Form LMV007 for each transaction that is listed.**

Title Service Name: \_\_\_\_\_ Title Service License No.: LB \_\_\_\_\_  
License Plate Number: \_\_\_\_\_ VIN: \_\_\_\_\_

### Customer #1

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gender: \_\_\_\_\_

### Customer #2

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Gender: \_\_\_\_\_

**Attach a legible copy of the driver license  
for Customer #1.**

**Attach a legible copy of the driver license for  
Customer #2.**

**Attach a legible copy of the insurance card  
(proof of financial responsibility).**

**Printed name of the person preparing this form:** \_\_\_\_\_

**Signature of the person preparing this form:** \_\_\_\_\_