



Date: _____

Note: Please be advised the above date must reflect the date you are conducting business in the tax office.

Lubbock County Tax Assessor-Collector

Title Service Transaction

This form is prescribed pursuant to Sec. 520.057, Texas Transportation Code

Name of Title Service: _____

Owner/Operator: (Print) _____

Title Service License Number: LB

Owner/Operator: (Sign) _____

NOTE: TRANSACTIONS SHALL BE DROPPED OFF AND A CALL WILL BE PLACED TO TITLE SERVICE WHEN READY. MUST BRING CHECK SAME DAY.

Description of Vehicles

	Trans Date	Make	Year	Model	VIN	License Plate #	Transaction Type
1							T R RPL
2							T R RPL
3							T R RPL
4							T R RPL
5							T R RPL

Please list any special instructions for completion of these items:

I swear and affirm that all information I am providing is accurate to the best of my knowledge:

Name of person preparing this form (Print) _____

Date _____

Signature of person preparing this form _____

Name of Runner (Print) _____

Date _____

Signature of Runner _____

Runner Authorization # R

Transaction Types:

T = Title Transfer

R = Registration/Sticker

Rpl = Replacement Stk/Plate

Tx DL (If preparer of this form is not licensed as a Title Service or Runner, they must provide their Driver License #.)