



Lubbock County Tax Assessor-Collector Title Service Transaction

Date: _____

The above date must reflect the date you
are conducting business in the tax office.

Deputy Signature: _____

Name of Title Service: _____

Title Service License Number: LB _____

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

Description of Vehicles and Customers:

	Customer Name	License Plate Number	Make	Model	Year	VIN	Transaction Type	Driver's License Attached	Insurance Attached
1									
2									
3									
4									
5									

Please list any special instructions for completion of these items:

Transaction Type:
T - Title Transfer
R - Registration/Sticker
Rpl - Replacement Sticker/Plate

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

Name of the person preparing this form (Print)

Date

Signature of the person preparing this form

Contact Phone Number

We will notify you when complete.

Name of Runner (Print)

Date

Signature of Runner

Runner Badge #