



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: _____ License Number: LB _____ Title Service Exp. Date: _____

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 #

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