TIP INFORMATION SHEET

(Complete prior to calling or mailing.)

License Plate Number or VIN Number (Required) _____
License Plate State (Required) _____
Vehicle Information

a. Year _____
b. Make _____
c. Model _____
d. Color _____

Name and Address of Operator (if known)

_____

Comments:

_____

_____

Detach and mail to:
FREEROADERS Kentucky Department of Revenue 501 High Street, Station 32
Frankfort, KY 40620
or CALL TOLL FREE
1-800-882-8990