



**AAC RISK MANAGEMENT SERVICES**

1415 West Third Street

Little Rock, AR 72201

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## VEHICLE CHANGE FORM

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COUNTY: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

ADDITION EFFECTIVE DATE: \_\_\_\_\_

YEAR	MAKE/MODEL	LAST 4 OF VIN/SERIAL	VALUE OR LIABILITY ONLY

**\*If a vehicle has been leased or financed, please provide the information for the Loss Payee that needs to be added\***

Loss Payee: \_\_\_\_\_

Address: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Deletion Effective Date: \_\_\_\_\_

YEAR	MAKE/MODEL	LAST 4 OF VIN/SERIAL

**Other Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Authorizing Change

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number or Email Address of Contact