



RELOCATION REQUEST FORM

Fill out the following with the information for your new location.

Today's Date: _____

Account Number: _____

Name(s) on Account: _____

New Street Address: _____

New City, State, ZIP Code: _____

Phone Number: _____

I am requesting **Title and Registration** for my new state of _____.

I am requesting **only Registration** for my new state of _____.

Please provide address to the nearest driver's license and vehicle registration office near you.

Name: _____

Phone Number: _____ Fax: _____

Street Address: _____

City, State, ZIP Code: _____

Return form to:

Name: Relocation Department

Fax Number: 1-800-379-7312

Email: gmfreلودup@pdpgroupinc.com

Mail: ATTN: Relocation Department
P.O. Box 1510
Cockeysville, MD 21030

Signature _____

Date _____