



ALEXANDER EDDY
INSURANCE AND
FINANCIAL SERVICES

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REMOVE VEHICLE REQUEST

Date: _____

Policy No.: _____

Last Name: _____

First Name: _____

Contact No(s): _____

Best Time of Day to Contact: _____

Vehicle Information

Year: _____ Make: _____ Model: _____

Vehicle Identification Number (VIN): _____

Reason for Removing Vehicle: Sold Inoperable Traded in Total Loss

Signature: _____ Date: _____

