

Please Print or Type

KENTUCKY TRANSPORTATION CABINET
DEPARTMENT OF VEHICLE REGULATION
DIVISION OF MOTOR VEHICLE LICENSING

TC 96-320

REQUEST TO WITHHOLD PERSONAL INFORMATION

If you **DO NOT** want your motor vehicle data sold for marketing purposes, complete this form and mail to:

Opt Out
P.O. Box 2014
Frankfort KY 40602

NOTE: A separate form must be completed for each vehicle.

NAME:

ADDRESS:

CITY:

PLATE NUMBER:

(OR VEHICLE ID #):

IF A SPECIAL PLATE, INDICATE TYPE:

SIGNATURE: