

TRUCK &/OR BED FORM

Personal Property # _____

NAME OF OWNER: _____

ADDRESS: _____

PHONE: (DAY) _____

TRUCK INFORMATION

Year: _____

Purchase Date: _____

Make: _____

Purchase Price: _____

Model: _____

Vin#: _____

Circle one of the following in each category:

Engine: Gas Diesel

Brakes: Hydraulic Air

Truck Type: Pickup Cab-Chassis Tractor

Cab Type: Regular Extended Cab 4-door (crew)

Sleeper Non-Sleeper

Drive: 2X4 4X4 6X4

BED INFORMATION

Type: Pick-up Bed Flatbed Grain Bed Utility Bed

Refrig-Freight Dry-Freight Refuse Cement

Other: Explain _____

What is the Truck &/or Trailer Used for? FARM COMMERCIAL PERSONAL (circle one)

___ Check here if this vehicle was moved to this county from another county or state. Date moved _____

Is this vehicle a replacement vehicle? YES NO If yes, list vehicle replaced: _____

Is this vehicle leased? YES NO If yes, name of leasing company: _____

If this vehicle is commercial, is it State Assessed? YES NO

SIGNATURE OF OWNER OR AUTHORIZED AGENT

DATE