



State of Maine
Bureau of Motor Vehicles
Entity and Contact Report for

ENTITY INFO

Bus Phone: Ext: Fax:
Office Hours:
Web URL: E-Mail:
Physical Address Mailing Address

Inventory Shipping Address PrePrint Shipping Address

CONTACT INFO

Title Last First Middle Suffix DOB Start Date
MUNICIPAL AGENT

Bus Phone: Ext: Fax:
Contact Hours:
Web URL: E-Mail:

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By signing below, I certify that the information contained herein is true and correct.

\_\_\_\_\_  
(Printed Name of Municipal Agent or Tax Collector)

\_\_\_\_\_  
(Signature of Municipal Agent or Tax Collector)

\_\_\_\_\_  
(Date)