



**Dana McKinzie  
Tax Commissioner**

**REQUEST FOR CANCELLATION OF REGISTRATION**

Date

I, \_\_\_\_\_ (Printed name of registered owner),  
request that the registration for the following vehicle be cancelled.

Year

Make

Model

Tag Number

Reason for Cancellation

Signature of the Registered Owner

**A copy of your driver's license must be submitted to cancel your vehicle registration.**

**2780 Marietta Highway ~ Canton, Georgia 30114 ~ 678-493-6400 Phone ~ 678-493-6421 Fax  
155 Towne Lake Pkwy. ~ Woodstock, GA 30188 ~ 770-924-4099 Phone ~ 770-924-9567 Fax**