Print Form

Cherokee County
1831
GEORGIA
TAX COMMISSIONER

Denise Mastroserio
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