Print Reset

VEHICLE SERVICES DIVISION

ORDER REQUEST FOR FORMS

NAME OF COUNTY OR BUSINESS: _____

SHIP TO (STREET ADDRESS):_____

(CITY, STATE, ZIP):_____

PHONE NUMBER:_____ **CONTACT NAME:** _____

FORM NUMBER	DESCRIPTION OF REQUESTED ITEM	BALANCE ON HAND	QUANTITY REQUESTED

IMPORTANT NOTES:

- **RV FORM NUMBERS MUST BE USED IN FORM NUMBER FIELD**
- **PLEASE ALLOW TWO (2) WEEKS FOR ORDER PROCESSING**
- **WHEN PLACING AN ORDER, PLEASE MAKE FULL USE OF THE SPACE PROVIDED TO AVOID SENDING MULTIPLE ORDER REQUEST FORMS, WHICH MAY DELAY THE PROCESSING OF YOUR ORDER.**
- **PLEASE PROVIDE BALANCE ON HAND INFORMATION. ORDERS RECEIVED WITHOUT INFORMATION WILL NOT BE PROCESSED**

PLEASE SUBMIT ORDERS BY: **EMAIL:** **dg_plate&supply.team@tn.gov OR**
FAX: **615-253-4260**