

**HANOVER COUNTY TREASURER**

P. O. BOX 200  
HANOVER, VIRGINIA 23069  
(804) 730-6050

***APPLICATION FOR REPLACEMENT DECAL***

I herewith make application to the Treasurer of Hanover County for a replacement decal for a previously issued decal.

I attest that all information furnished to the Treasurer's Office on this application is correct.

*I also understand that it shall be unlawful for me to knowingly give, loan, rent, sell, assign or transfer to another or to otherwise permit another to use in any manner such license decals issued to me. Willful violation is a Class 4 Misdemeanor under Section 15-26 of the Hanover County Code.*

**REPLACEMENT DECALS ARE SUBJECT TO SHERIFF'S DEPARTMENT VERIFICATION**

Name _____ Phone _____	
Address _____ SSN _____	
-	
City _____	State _____ Zip _____
Make & Model of Vehicle Currently Licensed: _____	
<b>REASON FOR REPLACEMENT DECAL (Check One):</b>	
<input type="checkbox"/> Original never received <input type="checkbox"/> Original lost <input type="checkbox"/> Original stolen <input type="checkbox"/> Original destroyed <input type="checkbox"/> Broken windshield	
<i>I certify that the above information is correct.</i>	
_____ (signature of applicant) _____ (date)	

<b><i>TREASURER'S USE ONLY</i></b> <b><i>(Original Purchase Verification)</i></b>	\$3.00 Replacement Fee Paid	<input type="checkbox"/> Forwarded to Senior Cashier for Review
	V/L Ticket Number _____ New Decal #: _____ Original Decal # _____ Issued By: _____	Comments: