



Carolyn Fundingsland AUDITOR

DATE: _____

Send to: Cowlitz County Auditor, DOL Agent

Attention: Vehicle / Vessel Licensing Agent

Office Location: 207 N. 4th Ave., Kelso WA 98626

Phone Number: 360-577-3002

Fax Number: 360-414-5552

Email: autolicensing@co.cowlitz.wa.us

From: _____

Office Location: _____

Fax: _____

Phone: _____

TITLE AND/OR REGISTRATION QUOTE REQUEST

Customer Name: _____

Physical Address: _____

VIN/HIN: _____

Vehicle Make: _____

Vehicle Model: _____ **Vehicle Year:** _____

Scale Weight: _____

Purchase Price: _____

Trade In Allowance: _____

Taxes Paid: _____

Vehicle Mileage: _____

WA Plate #: _____

Previous State: _____

Additional Comments/Information: _____