



TOWN OF STONINGTON
152 Elm Street, Stonington, CT 06378

ASSESSOR CERTIFICATION

Date:	City/Town:
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Name:
Street:
City/State/Zip:

PLEASE BE ADVISED THAT THE ABOVE NAMED INSURED HAD REMOVED THE FOLLOWING VEHICLE FROM THEIR INSURANCE POLICY:

Vehicle Information

Yr.	Make/Model:	ID#
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This Vehicle was taken off the Policy on:

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At the time we were informed that this vehicle was:

Sold/Junked:	Totaled:	Stolen:
If Replaced was Circle One		
Registration Transferred? Yes No		

Name of Insurance Agent/Company:

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Telephone/Fax of Agent/Company:

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Signature of Agent:

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**IMPORTANT: THIS FORM MUST BE FILLED OUT COMPLETELY.
CANCELLATION OF INSURANCE IS NOT DOCUMENTATION FOR REMOVAL OR
PRORATION OF A VEHICLE. THE VEHICLE MUST HAVE BEEN SOLD, STOLEN,
OR DESTROYED AND NOT REPLACED.**

doc: Assessor/Motorv/InsAgt