

OFFICE OF RISK MANAGEMENT

VEHICLE CHANGE REQUEST

(Submit One Form For Each Vehicle Bought or Sold)

PLEASE PRINT OR TYPE

Parish/Agency Name: _____

Complete Address: _____

Person Completing Form: _____ Phone: _____

Name as it appears on title or vehicle registration form: _____

Name of primary operator of vehicle: _____

Parish or Agency # if vehicle is so titled: _____

Check One: Add Vehicle Delete Vehicle Effective Date: _____

Is this vehicle replacing another: Yes* No

(*Please submit separate form for deleted vehicle.)

Vehicle Information (See title or vehicle registration):

Year: _____ Make: _____

Model: _____ V.I.N.: _____

Check Type of Vehicle and Complete Required Information:

Auto Pickup Van (Pass. Capacity) _____

Trailer Truck (GVW) _____ Bus (Pass. Capacity) _____

Please attach a copy of title or registered ownership after the necessary fees have been paid to the Department of Revenue (title or registration must be in the name of the parish, agency or priest shown above). If the vehicle is leased, a copy of the lease must be attached (lease must be in the name of the parish, agency or priest shown above).

NOTE: In the event of a loan or leasing company, you must request that Arthur J. Gallagher provide evidence of coverage to the respective loan or leasing company.

Email form to: RiskManagement@archstl.org

Mail or fax to: Office of Risk Management
20 Archbishop May Drive
St. Louis, MO 63119-5738
Fax: 314.792.7079

If you need assistance, please call
314.792.7203