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:** [**BrandonRothkopf@archstl.org**](mailto:BrandonRothkopf@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**