



MISSOURI DEPARTMENT OF
REVENUE

County Collector's Suspension Notification

County or Township Collector

Delinquent Taxpayer's Last Name			First Name			Middle Initial
Address					Year(s) of Delinquent Taxes	
City		State	Zip		Date Collector Notified Applicant (MM/DD/YYYY) ____/____/____	

Vehicle or Trailer Information

Year	Make	Vehicle Identification Number	Model	License Number	Exp. Yr.

Attach additional sheet if necessary.

Signature

I certify that the vehicle owner or taxpayer listed above has been notified of his or her delinquent personal property taxes and at least 30 days have elapsed since notification. I request the registrations on the vehicle(s) listed above be suspended.

Signature	County	Date (MM/DD/YYYY) ____/____/____
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Mail to: Motor Vehicle Bureau
 Research and Support Section
 P.O. Box 100
 Jefferson City, MO 65105-0100

Phone: (573) 526-3669

Visit <http://dor.mo.gov/mvdl/>
 for additional information.

Form 4899 (Revised 04-2014)

