

**Confederated Tribes of the Colville Reservation
Vehicle Insurance Coverage Request Form**

(Please type or print)

Date:		Name:	
Program:		Phone:	
Email:			

ADD (New Vehicle):

Year	Make	Model	Vin#
License Plate Number:		Account Number:	
Value Amount:	\$		

CORRECTION(s):

	FROM		TO
Year		Year	
Make		Make	
Model		Model	
Vin#		Vin#	
License Plate Number		License Plate Number	
Value		Value	
Account Number		Account Number	

Delete (Vehicle being replaced by the new Add vehicle above):

Year	Make	Model	Vin#	License Plate Number

Do not use – Office use only.

Received	Insurance Notified	Insurance Card Issued to Program	Notification made to	Initials