



Date Stamp/ Initials

Adams County Motor Vehicle Company Drop off Receipt

Brighton Office/Processing Center

Commerce City Office

Company Contact Person: _____

Phone: _____

Company Name: _____

Best time to call: _____

If Applicable:

Email: _____

Dealer Number: _____

Fleet Number: _____

2% Rental Number: _____

Payment Type (must be included at time of drop):

Escrow Acct # _____

	Customer- Last Name	Full VIN	Select Transaction Type	Confirmation section County MV Clerk Only
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Special Instructions/Notes:
