



# RELOCATION REQUEST FORM

Fill out the following with the information for your new location.

Today's Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Name(s) on Account: \_\_\_\_\_

New Street Address: \_\_\_\_\_

New City, State, ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- I am requesting **Title and Registration** for my new state of \_\_\_\_\_.
- I am requesting **only Registration** for my new state of \_\_\_\_\_.

Please provide the contact information for your local motor vehicle agency that provides relocation services. Confirm the agency provides this service before submitting your request otherwise your title process will be delayed.

Motor Vehicle Agency Location (Insurance Location if applicable):

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

**Return form to:**

**Name:** Relocation Department  
**Fax Number:** 1-800-379-7312  
**Email:** gmfreloadup@pdpgroupinc.com  
**Mail:** ATTN: Relocation Department  
P.O. Box 1510  
Cockeysville, MD 21030

Signature

Date