DENVER MOTOR VEHICLE DIVISION
DEPARTMENT OF FINANCE

Denver County Motor Vehicle Receipt Form

Main Office/ Processing Center
2855 Tremont Place

COMPANY: _____ DATE: _____

1ST CONTACT PERSON: _____ PHONE: _____

2nd CONTACT PERSON: _____ PHONE: _____

Email Address: _____ Contact by: Call ☐ Email ☐

BUSINESS ADDRESS: _____

Please write in your transaction type with the count number. Titles are processed and mailed out by the State Office. Fields with an "*" are required to be completed.

Please Note, any missing or incomplete information will result in incomplete transactions.

Transaction Type: _____

Count: _____

☐ *Payment Type_____ ☐ *2% Rental #_____

☐ *CO. Fleet #_____ ☐ *Escrow Acct # _____

☐ *Dealer #_____ ☐ *Tax Exempt # _____

Transaction Type: _____

Count: _____

Keep Colorado Wild Parks Pass:

All NO All YES

Individual Notes for the Pass please add to specific instructions.

☐ *Third Party _____

☐ *SMM 2% Reg Exempt

*Customer Name	*Last 8 of VIN	*Specific Instructions
1.		
2.		
3.		
4.		
5.		

FOR FLEET USE ONLY: Additional Instructions _____

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*Customer Name	*Last 8 of VIN	*Specific Instructions
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
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23.		
24.		
25.		