



Sheridan County Clerk & Recorder's Office

Eda Schunk Thompson - County Clerk & Recorder

Kim Hein - Chief Deputy & Vehicle Title Supervisor

AFFIDAVIT AND APPLICATION FOR DUPLICATE CERTIFICATE OF TITLE

W.S.S. 31-2-105(a)

Form with fields: TITLE, TITLE DRAWER, DOC SEARCH, NMVTIS, VAULT/FINANCE, INITIALS

To the County Clerk of Sheridan County, Wyoming:

I hereby certify that Certificate of Title No. _____ was issued to me/us described here in, specifically:

Owner Name(s) on Title _____

Year _____ Make _____ Body Style _____ VIN/HIN/SERIAL No. _____

And that to the best of my knowledge and belief said Certificate of Title has been lost and that there are no additional liens, other than shown on the original Certificate of Title.

Description of Loss: _____

I understand that no duplicate Certificate shall be issued before the 11th day after the affidavit is filed. I hereby make application for a duplicate Certificate of Title as described above. I authorize the same to be delivered to:

Name(s): _____

Address: _____

I/we hereby swear or affirm under penalty of perjury that all information on this Affidavit and Application is true and correct and that I/we are lawfully applying for a State of Wyoming Duplicate Title.

Signature of Applicant: _____

Signature of Applicant: _____

State of _____

Applicant's Phone # _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

By _____

(Name of applicant(s))

WITNESS my hand and official seal.

Notary Public OR Deputy County Clerk

My Commission expires

Date Filed _____

Date to Be Issued _____

FEE of \$15.00 is attached: YES or NO

PLUS \$1 to Mail Title: YES or NO

224 S. Main □ Ste B-2 □ Sheridan, Wyoming 82801

Phone: (307) 674-2500 □ Fax: (307) 675-2514

E-mails: titles@sheridancounty.com □ recordings@sheridancounty.com

Website: www.sheridancounty.com