



LANCASTER COUNTY TREASURER'S OFFICE  
625 NORTH 46<sup>TH</sup> STREET LINCOLN, NE 68503  
PHONE (402) 441-7497/FAX (402)441-6484  
[LANCASTER.NE.GOV/TREASURER](http://LANCASTER.NE.GOV/TREASURER)

**AFFIDAVIT OF LOST DEALER PLATE**

\_\_\_\_\_, \_\_\_\_\_ Dealership \_\_\_\_\_  
(Year) (Plate Number)

The undersigned, being duly sworn, depose or affirms that the following information is true and correct about the above mentioned DEALER PLATE:

\_\_\_\_ I/We certify that the above plate was issued to our dealership by the State of Nebraska and through normal business the plate is lost.

\_\_\_\_ I/We are requesting a replacement plate for the lost plate.

\_\_\_\_ I/We are not requesting a replacement plate for the lost plate.

I/We understand that excessive lost plates may affect the number of dealer plates authorized our dealership in the future.

**The theft or loss of a Dealer Plate must be reported to law enforcement. Replacement plate cannot be issued without case number of the law enforce agency.**

Case# \_\_\_\_\_ Agency \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF DEALERSHIP REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE OF DEALERSHIP REPRESENTATIVE

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Designated County Official)