



LANCASTER COUNTY TREASURER'S OFFICE
625 NORTH 46TH STREET LINCOLN, NE 68503
PHONE (402) 441-7497/FAX (402)441-6484
WWW.LANCASTER.NE.GOV/TREASURER

AFFIDAVIT OF DEALER PLATE INVENTORY

Dealership _____ # _____

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

____ I/We certify that the plates listed below are issued to our dealership by the State of Nebraska and we wish to renew them for the next calendar year.

(Use back if additional space is needed. Indicate "Plate to be Renewed" if using the back)

____ I/We certify that the plates listed below are issued to our dealership by the State of Nebraska and we do not wish to renew them for the next calendar year.

(Use back if additional space is needed. Indicate "Plate not to be Renewed" if using the back)

____ I/We report that the below listed plate(s) is lost, and I/We are not requesting a replacement plate for the lost plate.

(Separate Lost Plate Affidavit for each plate reported lost is required)

I/We understand that plates not renewed must be surrendered by January 15 of the renewal year or a Lost Plate Fee of \$14.60 per plate will be assessed the Dealership to restock.

Dated this _____ day of _____, _____

PRINTED NAME OF DEALERSHIP REPRESENTATIVE

SIGNATURE OF DEALERSHIP REPRESENTATIVE

Subscribed and sworn to me this _____ day of _____, _____.

(Designated County Official)