



MIKE SULLIVAN

Tax Assessor-Collector

Harris County Title Service Records

This form is prescribed pursuant to Sec. 520.057, Texas Transportation Code.

Instructions: Attach a completed copy of this form to form TS-5 for each transaction listed.

Name of Service: _____	Title Service Transaction Date: _____
Authorization No.: _____	License Plate Number: _____
	VIN: _____

Customer # 1

Customer # 2

Name: _____ Age _____ Sex _____

Name: _____ Age _____ Sex _____

Address: _____

Address: _____

City _____ St. _____ Zip _____

City _____ St. _____ Zip _____

*Legible copy of Driver's License
(Customer #1)*

If unable to copy in this designated space, attach a copy to this form.

*Legible copy of Driver's License
(Customer #2)*

If unable to copy in this designated space, attach a copy to this form.

*Legible copy of proof of financial responsibility
(insurance card)*

If unable to copy in this designated space, attach a copy of proof of insurance to this form.

Printed name of person preparing this form

Signature of person preparing this form

Date