



Office of the Sheriff

Madison County, Mississippi

2941 Highway 51 • Canton, MS 39046 • Phone: 601-859-2345

Randall Tucker, Sheriff

May 10, 2022

To: Shelton Vance

From: Jeremy Williams

We have 1 marked vehicle needing a government tag. The total cost of 1 tag is \$10.00. Please make a check payable to Mississippi Department of Revenue for a total of \$ 10.00

Thank you for your assistance. If you have any questions, please give me a call.

Sincerely,

Jeremy Williams
Chief Deputy



Mississippi Application for Tax Exempt Government Tag

Return application to:

MS Department of Revenue
Motor Vehicle Licensing Bureau
P.O. Box 1140
Jackson, MS 39215-1140

Source of Funds (If more than one source, mark all applicable boxes)

Federal
 State
 County
 City
 Private

Name of Department, Agency, or Commission Madison County Sheriff's Office		
Mailing Address (Number and Street, Including Rural Route) 2941HWY 51 S		
City Canton	State MS	Zip 39046

Title Number (Or Attach Copy of Title Application)
1GNSCLED6NR235445

Vehicle Identification Number

Certification is hereby made that this vehicle complies with all applicable state laws including Miss Code Ann § 25-1-87, § 27-19-27, and § 27-19-59.

For all departments, agencies or commissions other than state or federal, the registration fee must be paid.

State or Federal.....\$0.00
 Tag Fee Only.....\$10.00
 Tag Fee and Mail Fee.....\$12.00

Total Fee 10.00

[Signature]
Signature

Director of Communications
Title

05/10/2022 **601.855.0718**
Date Phone

Badge on Side of door and Body on Back Tailgate
Description of markings found on sides and rear of vehicle

Additional Instructions And Procedures for Government Tag Applicants

1. One tag application must be completed for each vehicle.
2. If payment is required, do not staple or clip the payment to application.
3. If the government entity applying for a tag is anything other than a state or an established city or county agency, a copy of the code section, minutes, or document that establishes that entity as a federal, state, county or city government agency or instrumentality must be submitted before a tag can be issued. **(Initial application only)**
4. The tags on all vehicles that are sold, traded, or taken out of service should be returned to this office immediately. All returned tags should be accompanied with a letter of explanation that should contain the VIN number of the vehicle, the tag number assigned and the title number of the vehicle. You may not place an old tag on a new vehicle or switch tags.
5. All motor vehicles that are issued Tax Exempt Government tags must comply with **Miss Code Ann. § 25-1-87, § 27-19-27 and § 27-19-59.**
6. If you need to order additional applications for Tax Exempt Government Tags or have any questions regarding this form, please contact the Motor Vehicle Services at (601)923-7143 or fax inquiries to (601)923-7134.

Mississippi Application for Title

Application Number: **B 921717**

County Code **450**

Date **05/06/2022**

Fast Track Application

Lessor(if Leased)

Lessor Mailing Address

Owner(s) or Lessee(s) if Leased
MADISON COUNTY BD. OF SUPERVISORS

Registered Physical Address(DO NOT GIVE A PO BOX)
**146 WEST CENTER STREET
CANTON MS 39046**

Registered Mailing Address (if Different)

**PO BOX 608
CANTON MS 39046**

AND AND / OR OR

Vehicle ID 1GNSCLE6NR235445	Year 2022	Make CHEVROLET TRUCK	Model TAHOE
Vehicle Type TRUCK	Fuel Type GAS	Primary Color BLACK	Secondary Color
Seats	Axles	Cylinders 8	Unladen Weight
Purchased Date 05/06/2022	New/Used NEW	Odometer Reading 15	Odometer Code
Body Style TAHOE 2WD			

Brands

Bonded
 Collision
 Fire
 Flooded
 Hail
 Rebuilt
 Salvaged
 Wind
 Recovered Theft
 Uncovered Theft
 Junked
 Other: _____

Primary Lienholder's Information

Secondary Lienholder's Information
NONE

Date of Lien **05/06/2022**

Date of Lien

Designated Agent **ROGERS-DABBS CHEVROLET, INC.**

Designated Agent Number **640642087-00**

Signature

Date **05/06/2022**

I/WE, THE UNDERSIGNED, CERTIFY THAT THE VEHICLE DESCRIBED ABOVE IS OWNED BY ME AND I HEREBY MAKE APPLICATION FOR A CERTIFICATE OF TITLE FOR SAID MOTOR VEHICLE, AND THIS VEHICLE WILL NOT BE SUBJECT TO LIEN PRIOR TO RECEIPT OF THE TITLE UNLESS INDICATED ABOVE.

**** DISCLOSURE STATEMENT AND PRIVACY ACT NOTICE****

DRIVER'S LICENSE NUMBERS ARE REQUIRED BY STATE LAW AND WILL BE USED IN THE ADMINISTRATION OF STATE MOTOR VEHICLE LAWS. THE COMMISSION IS AUTHORIZED TO COLLECT THE INFORMATION PURSUANT TO 42 U.S.C § 405(C)(2)C AND MISS CODE ANN § 63-21-15. TITLES AND REGISTRATION RECORDS MAY BE RELEASED ONLY PURSUANT TO 18 U.S.C. § 2721-2725. FAILURE TO PROVIDE THE INFORMATION WILL RESULT IN THE DENIAL OF A CERTIFICATE OF TITLE.

[Signature]
First Owner/Lessee's Signature

64-6000658
License #

Joint Owner/Lessee's Signature

License #

Attach white copy to Title/MSO and supporting documents and forward to Mississippi Department of Revenue. Provide owner with yellow copy. Retain pink copy for your records. Provide lienholder golden red copy if applicable.