

COUNTY OF MAUI SERVICE CENTER
DIVISION OF MOTOR VEHICLE & LICENSING
110 Alaihi Street, Suite 101
Kahului, HI 96732
(808)-270-7363
(808)-270-7858 (fax)

NOTICE OF CHANGE OF ADDRESS

(File within 30 days of change via in person, mail or by fax)

License Plate No.: _____

VIN No.: _____

Make: _____

Year: _____

MAILING ADDRESS CURRENTLY ON RECORD

Mailing Address: _____
STREET OR P.O. BOX ADDRESS

CITY STATE ZIP CODE

NEW MAILING ADDRESS

Mailing Address: _____
STREET OR P.O. BOX ADDRESS

CITY STATE ZIP CODE

X _____
SIGNATURE OF REGISTERED OWNER OF
RECORD

PRINT NAME OF REGISTERED OWNER