



APPLICATION FOR NEW AND/OR TRANSFERRED MUNICIPAL AND LAW ENFORCEMENT LICENSE PLATES

State Form 53565 (4-08)
Indiana Bureau of Motor Vehicles

RECEIVED
MAY 16 2011

Please submit all
Applications to:

Indiana Bureau of Motor
Vehicles
Registration Division-Special
Plates
100 N. Senate Ave., N404
Indianapolis, IN 46204
Telephone: (317) 233-3148
Fax number: (317) 233-0053
Internet: <http://www.mybmvl.in.gov>

INSTRUCTIONS:

1. Complete application with all information in sections 1, 2, 3, and 4 as applicable.
2. Attach additional sheets if necessary for information for each vehicle for which a municipal or law enforcement license plate is requested.
3. The application must be accompanied by a copy of each vehicle(s) title, title application, or lease agreement.

SECTION 1: APPLICANT INFORMATION				
Official Name of entity that owns or leases the vehicle(s) CENTER TOWNSHIP		Entity Telephone number 92633-3610 EXT. 210		Entity's Executive Officer's name and title
Entity street address (number and street) 863 MASSACHUSETTS AVE		City INDIANAPOLIS	County MARIAN	Indiana Zip Code 46204
State Board of Accounts number 7		Federal I.D. number [REDACTED]		

SECTION 2: VEHICLE INFORMATION				
List the following information for each vehicle for which a municipal or law enforcement license plate is requested.				
(1) VEHICLE	VIN (of New Vehicle or Vehicle that Municipal License Plate will be transferred to) 1J4NF16B5BD148944	Vehicle color SILVER	Vehicle type (e.g. Passenger, truck, motorcycle, school bus, city bus, trailer, semi-trailer, recreational vehicle) UTILITY 4DR	Vehicle Description (Make, model, Year) 2 JEEP, PATRIOT, 2011
Basis of Financial Responsibility (Source of self-insurance; or Insurance Company Name and Policy number) ST. PAUL TRAVELERS 6P09388940	Description of official business for which the entity will use the vehicle CASEWORKERS + COORDINATOR USCL		Vehicle purchase or lease date (month, day, year) 5-5-11	
The application is for (check one): <input checked="" type="checkbox"/> A new Municipal or Law Enforcement License Plate <input type="checkbox"/> To transfer an existing License Plate		If a Transfer, VIN of Vehicle from which the License Plate is Transferred		
(2) VEHICLE	VIN (of New Vehicle or Vehicle that Municipal License Plate will be transferred to) 2B3CM5CT5B4549621	Vehicle color BLK	Vehicle type (e.g. Passenger, truck, motorcycle, school bus, city bus, trailer, semi-trailer, recreational vehicle) PASSENGER	Vehicle Description (Make, model, Year) DODGE, CHARGER, 2011
Basis of Financial Responsibility (Source of self-insurance; or Insurance Company Name and Policy number) ST. PAUL TRAVELERS 6P09388940	Description of official business for which the entity will use the vehicle INVESTIGATIONS OFFICIAL POLICE USCL		Vehicle purchase or lease date (month, day, year) 5-10-11	
The application is for (check one): <input type="checkbox"/> A new Municipal or Law Enforcement License Plate <input checked="" type="checkbox"/> To transfer an existing License Plate		If a Transfer, VIN of Vehicle from which License Plate is Transferred POLICE 7341 2B3KA43618#292269		
(3) VEHICLE	VIN (of New Vehicle or Vehicle that Municipal License Plate will be transferred to) 2B3KA43618#292269	Vehicle color BLK	Vehicle type (e.g. Passenger, truck, motorcycle, school bus, city bus, trailer, semi-trailer, recreational vehicle) PASSENGER	Vehicle Description (Make, model, Year) DODGE, CHARGER, 2008
Basis of Financial Responsibility (Source of self-insurance; or Insurance Company Name and Policy number) ST. PAUL TRAVELERS 6P09388940	Description of official business for which the entity will use the vehicle CASE WORKERS + COORDINATOR		Vehicle purchase or lease date (month, day, year) 2-1-08	
The application is for (check one): <input checked="" type="checkbox"/> A new Municipal or Law Enforcement License Plate <input type="checkbox"/> To transfer an existing License Plate		If a Transfer, VIN of Vehicle from which License Plate is Transferred		

SECTION 1: ENTITY CLASSIFICATION

The entity shall indicate which **one** (1) of the following classifications the entity belongs, thus entitling the entity to a permanent municipal license plate. The entity must also submit the following requested written documentation or meet the requirements that establish that the entity meets the classification for which it qualifies for a municipal or law enforcement license plate. Please check one (1):

1. The State of Indiana

- ☐ a) a state agency,
☐ b) a state university, or
☐ c) other state entity

2. A municipal corporation (as defined in IC 36-1-2-10) "Municipal corporation" means any of the following:

- ☐ a) a county, city, town, or township,
☐ b) school corporation (Must be listed as a school corporation with the Indiana Board of Education),
☐ c) library district (Must be listed as a library with the Indiana State Library),
☐ d) local housing authority (Must provide a certified copy of the ordinance(s) that establishes the authority),
☐ e) fire protection district (Must be listed with the Indiana State Fire Marshall or Indiana Department of Homeland Security),
☐ f) public transportation corporation (Must provide a certified copy of the ordinance(s) that establishes the corporation),
☐ g) local building authority (Must provide a certified copy of the resolution or ordinance(s) that establishes the authority),
☐ h) local hospital authority or corporation (Must provide a certified copy of the resolution or ordinance(s) that establishes the authority),
☐ i) local airport authority (Must provide a certified copy of the resolution or ordinance(s) that establishes the authority),
☐ j) special service district (Must provide a certified copy of the resolution or ordinance(s) that establishes the district),
☐ k) other separate local governmental entity that may sue and be sued (Must provide a certified copy of the statute, ordinance or resolution that establishes the entity)

3. A volunteer fire department (as defined in IC 36-8-12-2)

(Must be listed with the Indiana State Fire Marshall or Department of Homeland Security and provide a copy of the contract or resolution to provide firefighting services for a county, city, town, or township.)

4. A volunteer emergency ambulance service that meets the requirements of IC 16-31 and has only members that serve for no compensation or a nominal annual compensation of not more than \$3,500.00.

(Must be registered as a Volunteer Emergency Ambulance Service with the Indiana Emergency Medical Services and provide an official letter from the Indiana Emergency Medical Services Commission.)

5. A rehabilitation center funded under IC 12-12

(Must be listed as a rehabilitation center with the Indiana Rehabilitation Bureau and provide a letter from the Indiana Rehabilitation Bureau of the FSSA.)

6. A community action agency (IC 12-14-23)

(Must be designated by the Governor or under Federal law as a community action agency.)

7. An area agency of aging and the aged (IC 12-10-1-6) and a county council on aging that is funded through an area agency

(Must provide a copy of the contract with the Bureau of Aging and In-Home Services.)

8. A community mental health center (IC 12-29-2)

(Must provide a copy of the Division of Mental Health and Addiction's certificate to operate in Indiana as a community mental health center.)

For Law Enforcement License Plate (only available to these entities pursuant to IC 9-19-3-6):

(Must provide official identification showing the representative is employed with the entity.)

- ☐ 9. The Indiana State Police Department
☐ 10. The Indiana Department of Natural Resources
☐ 11. A county police department
☐ 12. A city or town police department

SECTION 2: AFFIRMATION AND SIGNATURE

The authorized representative submitting this application swears or affirms under the penalty of perjury that the answers and information contained in this application are true and correct, that the entity for which this application is made owns or leases the above listed vehicle(s) and uses it for official business pursuant to IC 9-18-3-1. A municipal license plate issued to a vehicle shall be permanently attached to the vehicle listed in this application in accordance with IC 9-18-3-4.

Date (month, day, year)

5/19/2011

Typed or printed title of entity representative

chief

Signature of authorized entity representative

[Redacted Signature]

Typed or printed name of entity representative

[Redacted Name]

Office telephone number of entity representative

[Redacted Phone Number]

APPLICATION FOR CERTIFICATE OF TITLE - STATE OF INDIANA - BUREAU OF MOTOR VEHICLES

State Form 205 (R7 / B-04)

Approved by State Board of Account 1997

TO BE COMPLETED BY A POLICE OFFICER, BMV OFFICIAL OR BMV CERTIFIED DEALER SIGNED FOR OUT OF STATE TITLES. I HEREBY CERTIFY THAT I PERSONALLY EXAMINED THE FOLLOWING VEHICLE AND FIND THE IDENTIFICATION NUMBER TO BE AS FOLLOWS.					I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FURTHERMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION.				
VEHICLE IDENTIFICATION NUMBER									
YR	MAKE	MODEL	TYPE	DATE					
INSPECTOR'S PRINTED NAME & TITLE					CITY				
INSPECTOR'S SIGNATURE					BADGE, BRANCH OR DEALER PLATE NO.				

The law requires that you apply for Certificate of Title within thirty-one days from the date of purchase of a motor vehicle. There is a delinquent fee of \$21.00 for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. State fee for applying for Title is \$16.00, "in accordance with Federal Code 303.

1. TITLE NUMBER 05201180300007		BRANCH NO 803		INVOICE NO		BMV USE ONLY MV-GOVERNMENT-CERTIFICATE OF ORIGIN		
2. *SOC. SEC./FEDERAL I.D. NO		APPLICANT'S NAME CENTER TOWNSHIP OF MARION CO						BMV USE ONLY
3. STREET ADDRESS 863 MSSCHUSTT AVE			CITY INDIANAPOLIS			STATE IN	ZIP CODE 46204	
4. VEHICLE I.D. NUMBER 2B3CM5CT5BH549021		VEH YEAR 2011	VEH MAKE DOD	VEH MODEL NO. C/A	VEH TYPE 4S	ODOMETER 2,580 M	ACTUAL	
5. FORMER TITLE NUMBER C OF O		PURCHASE DATE 05/10/2011	LIEN 0	SPEED No	PICK UP No	MAIL Yes	DEALER NO.	BMV USE ONLY
6. FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS				STREET ADDRESS				
7. CITY		STATE	ZIP CODE	BMV USE ONLY				
8. SECOND LIEN'S NAME				STREET ADDRESS				
9. CITY		STATE	ZIP CODE	LICENSE NUMBER	LICENSE YEAR	FORMS USED	BMV USE ONLY LB	
10. "GROSS RETAIL & USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW-								
SELLING PRICE \$ 0.00	LESS TRADE-IN / DISCOUNT \$ 0.00	0.00	\$ 0.00	AMOUNT SUBJECT TO TAX \$ 0.00	AMOUNT OF TAX \$	DEALER	BRANCH EXEMPT X	IF EXEMPT PLACE PARA.# 1

*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is mandatory and this document cannot be processed without it.

APPLICANT RESPONSIBLE FOR ACCURACY OF INFORMATION

APPLICATION FOR CERTIFICATE OF TITLE - STATE OF INDIANA - BUREAU OF MOTOR VEHICLES

DO NOT TYPE IN THIS AREA



APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES
 State Form 44049 (R4 / 3-02) Approved by State Board of Accounts 2002

TO BE COMPLETED BY A POLICE OFFICER, BMV OFFICIAL OR BMV CERTIFIED DEALER SIGNED FOR OUT OF STATE TITLES. I HEREBY CERTIFY THAT I PERSONALLY EXAMINED THE FOLLOWING VEHICLE AND FIND THE IDENTIFICATION NUMBER TO BE AS FOLLOWS.

I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FURTHERMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION.

VEHICLE IDENTIFICATION NUMBER					X
YR.	MAKE	MODEL	TYPE	DATE	X
INSPECTOR'S PRINTED NAME & TITLE			CITY		DATE: 5-20-11
INSPECTOR'S SIGNATURE			BADGE, BRANCH OR DEALER PLATE NO.		The law requires that you apply for Certificate of Title within thirty-one days from the date of purchase of a motor vehicle. There is a delinquent fee for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. *In accordance with Federal Code 383.

1. TITLE NUMBER	BRANCH NO.	INVOICE NO.	BMV USE ONLY			
2. *SOC. SEC./FEDERAL I.D. NO.	APPLICANT'S NAME					BMV USE ONLY
3. STREET ADDRESS	CITY					STATE
3. 863 MASSACHUSETTS AVE	IND PL S					IN 46204
4. VEHICLE I.D. NUMBER	VEH. YEAR	VEH. MAKE	VEH. MODEL NO.	VEH. TYPE	ODOMETER	
2B3CM5CT50354021	2011	Dodge	CHARGER	Pass	2580	
5. FORMER TITLE NUMBER	PURCHASE DATE	LIEN	SPEED	PICKUP	MAIL	DEALER NO. / BMV USE ONLY
6. FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS					STREET ADDRESS	
7. CITY					STATE	ZIP CODE
7. CITY					STATE	ZIP CODE
8. SECOND LIEN'S NAME					STREET ADDRESS	
9. CITY					STATE	ZIP CODE
9. CITY					STATE	ZIP CODE
9. LICENSE NUMBER					LICENSE YEAR	FORMS USED
9. LICENSE NUMBER					LICENSE YEAR	FORMS USED
GROSS RETAIL & USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW.						
10. SELLING PRICE	LESS TRADE-IN *	AMOUNT SUBJECT TO TAX		AMOUNT OF TAX	DEALER	BRANCH
\$	\$	\$		\$		
					EXEMPT	IF EXEMPT PLACE PARA.#

*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is mandatory and this document cannot be processed without it.

APPLICANT RESPONSIBLE FOR ACCURACY OF INFORMATION
APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES
BUREAU - TO BE MAILED WITH TITLE REPORT

CERTIFICATE OF ORIGIN FOR A VEHICLE

CHRYSLER

Chrysler Group LLC

DATE

09-09-17

INVOICE NO.

DE24730915

VEHICLE IDENTIFICATION NO.

2B3CM5CT5BH49021

YEAR

2017

MAKE

DODGE

BODY TYPE

4 DOOR SEDAN

SHIPPING WEIGHT

3727

(S.A.E.)

G.V.W.

NO. CYLS.

SERIES OR MODEL

48 1

8

CHARGER R/T AWD LDEP48



I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR, DEALER, ETC.

DEALER NUMBER

49080

It is further certified that this was the first transfer of such new vehicle in ordinary trade and commerce.

MAIL TO:

49080

04826828

(SIGNATURE OF AUTHORIZED REPRESENTATIVE)

(AGENT)

CITY STATE

*CERTIFIED FOR SALE IN ALL 50 STATES

83-106-0102 REV 8/00

ASSIGNMENT NUMBER 1
ASSIGNMENT NUMBER 2
ASSIGNMENT NUMBER 3
ASSIGNMENT NUMBER 4
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ASSIGNMENT NUMBER 98
ASSIGNMENT NUMBER 99
ASSIGNMENT NUMBER 100

Each undersigned seller certifies to the best of his knowledge, information and belief under penalty of law that the vehicle is new and has not been registered in this or any state at the time of delivery and the vehicle is not subject to any security interests other than those disclosed herein and warrant this to the purchaser.

FOR VALUE RECEIVED I TRANSFER THE VEHICLE DESCRIBED ON THE FACE OF THIS CERTIFICATE TO

NAME OF PURCHASER(S) _____
ADDRESS _____
I certify to the best of my knowledge that the odometer reading is _____ BY _____
DEALER NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____
State of _____
County of _____
Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____, _____
Notary Public

USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
NAME OF PURCHASER(S) _____
ADDRESS _____
I certify to the best of my knowledge that the odometer reading is _____ BY _____
DEALER NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____
State of _____
County of _____
Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____, _____
Notary Public

USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
NAME OF PURCHASER(S) _____
ADDRESS _____
I certify to the best of my knowledge that the odometer reading is _____ BY _____
DEALER NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____
State of _____
County of _____
Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____, _____
Notary Public

USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION
NAME OF PURCHASER(S) _____
ADDRESS _____
I certify to the best of my knowledge that the odometer reading is _____ BY _____
DEALER NAME OF DEALERSHIP _____ DEALER'S LICENSE NUMBER _____
State of _____
County of _____
Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____, _____
Notary Public

Federal law requires you to sign the odometer mileage in connection with the transfer of ownership. Failure to complete or provide a false statement may result in fines and/or imprisonment.
I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked. Odometer reading _____
ND Ten Mile. The mileage stated is in excess of its mechanical limits. The odometer reading is not in excess of its mechanical limits.
Signature of Seller(s) _____ Dealer's No. _____
Printed Name of Seller(s) _____
Signature of Purchaser(s) _____
Printed Name of Purchaser(s) _____
Company Name (if Applicable) _____
Address of Purchaser(s) _____
Date of Statement _____
Being duly sworn upon oath says that the statements set forth are true and correct. Subscribed and sworn to me before this _____ day of _____, _____
Notary Public
State of _____
County of _____
USE NOTARIZATION ONLY IF REQUIRED IN TITLING JURISDICTION

1st lien in favor of _____
whose address is _____
2nd lien in favor of _____
whose address is _____

ODOMETER DISCLOSURE STATEMENT

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, [REDACTED], state that the odometer (transferor's name PRINT) (of the vehicle described below) now reads 2580 (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described below, unless one of the following statements is checked.
☐ (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
☒ (2) I hereby certify that the odometer reading is NOT the actual mileage; WARNING — ODOMETER DISCREPANCY.

MAKE DODGE	BODY TYPE	MODEL CHARGER
VEHICLE ID-NUMBER 2B3CM5CT6BH549021		STOCK NUMBER 1112010
COLOR PXR-BLACK	TRIM	YEAR 2011

TRANSFEROR'S PRINTED NAME (SELLER) [REDACTED]		
TRANSFEROR'S STREET ADDRESS [REDACTED]		
CITY [REDACTED]	STATE	ZIP CODE 46219
DATE OF STATEMENT 10 MAY 2011		
TRANSFEROR'S SIGNATURE (SELLER) [REDACTED]		
X [REDACTED] PRINTED NAME OF PERSON SIGNING		

TRANSFeree'S PRINTED NAME (BUYER) CENTER TWP OF MARION CO		
STREET ADDRESS 863 MASSACHUSETTS AVE		
CITY INDIANAPOLIS, IN	STATE 46204-1610	ZIP CODE
RECEIPT OF COPY ACKNOWLEDGED 05/10/11		
X [REDACTED] TRANSFeree'S SIGNATURE (BUYER)		
X [REDACTED] PRINTED NAME OF PERSON SIGNING		
DATE 05/10/11		



Form
ST-108E
State Form 48841
(R4/3-08)

Indiana Department of Revenue
**Certificate of Gross Retail or Use Tax
EXEMPTION for the Purchase of a
Motor Vehicle or Watercraft**

NAME OF DEALER [REDACTED]		Dealer's RRMC # (Registered Retail Merchant Certificate Number) [REDACTED]	
Dealer's FID # (Federal Identification Number, 9 digits) [REDACTED]		TID# (10 digits) [REDACTED]	LOC# (3 digits) [REDACTED]
Address of Dealer [REDACTED]		City [REDACTED]	State [REDACTED]
NAME OF PURCHASER(S) (PRINT OR TYPE) CENTER TOWNSHIP OF MARION COUNTY		Zip Code 46219	
Address of Purchaser 863 MASSACHUSETTS AVE		City INDIANAPOLIS	State IN
		Zip Code 46104	
Vehicles Identification Information of Purchase			
VIN # (Vehicle Identification Number) or HIN # (Hull Identification Number) 2B3CM5CT5BH549021	Year 2011	Make DODGE	Model/Length CHARGER
Calculation Of Purchase Price		Trade-In Information	
1. Total Purchase Price	1. 37000.00	VIN # (Vehicle Identification Number) or HIN # (Hull Identification Number)	
2. Trade Allowance (Like-kind exchanges only)	2.	Year	Make
3. Net Purchase Price (Line 1 minus Line 2)	3. 37000.00		Model/Length
CALCULATION OF PURCHASE PRICE LINES 1, 2 & 3 MUST BE COMPLETED FOR ALL EXEMPTED PURCHASES			
NEW RESIDENT STATEMENT Must Be Completed If Exemption # 8 is claimed, see reverse side. I certify that I became a resident of INDIANA on (month & year) _____			
My previous State of Residence was _____. I hereby certify that the above statement is true and correct.			
Date _____ Signature of Owner _____			
SALES/USE TAX WORKSHEET To be completed if Sales and/or Use Tax was paid to a state other than Indiana, Exemption # 15. See reverse side.			
Date of Purchase _____			
1. Purchase price of property subject to sales/use tax 1. \$ _____			
2. Indiana sales/use tax due: Multiply Line 1 by sales/use tax percentage (7%) 2. _____			
3. Credit for sales tax previously paid to another state 3. _____ (Do not include flat fees, local, and/or excise taxes.) In what state was the tax paid? _____			
4. Total amount due: Subtract Line 3 from Line 2 4. \$ _____ (Line # 3 can not exceed Line # 2)			
DIRECT RELATIVE IDENTIFICATION EXEMPTION (Must Be Completed If Exemption # 11 is claimed, see reverse side)			
Name(s) on original title _____ Relationship of above parties _____			
Name(s) being added/deleted _____			
PUBLIC TRANSPORTATION EXEMPTION (Must be completed if exemption # 6 is claimed and you are not a school bus operator.)			
USDOT # (U.S. Department of Transportation Number) _____			
I certify that the above vehicle or watercraft is exempt from sales/use tax under exemption # 1 _____ (see reverse side). I also certify that any sales tax credit shown as paid to an out of state dealer using exemption # 15 was actually collected by the dealer and the dealer has not provided the buyer with a check to be paid to the BMV. I understand that making a false statement on this form may constitute the crime of perjury.			
Date 05/10/2011 Signature of Purchaser [REDACTED]			

INDIANA CERTIFICATE OF TITLE



STATE OF INDIANA

CERTIFICATE OF TITLE FOR A VEHICLE



MAKE
 DODGE
TITLE TYPE
 NORMAL
MODEL NAME
 CHARGER
FORMER TITLE/STATE
 C OF O / IN
YEAR
 2008
PURCHASE DATE
 08/01/08
VIN
 2B3KA43G18H292269
BODY TYPE
 4S
USAGE TAX PAID
 0
ISSUE DATE
 09/25/08

MAILING ADDRESS
 CENTER TOWNSHIP OF MARION CO
 863 MSSCHUSTT AVE
 INDIANAPOLIS IN 46204

ODOMETER/BRAND
 000019

/ACTUAL

BRAND(S)

OWNER(S) NAME
 CENTER TOWNSHIP OF MARION CO
 863 MSSCHUSTT AVE
 INDIANAPOLIS IN 46204

SECOND LIENHOLDER

ADDITIONAL OWNER(S)

LIEN RELEASED BY:

X

PRINTED NAME:

POSITION:

DATE:

THIRD LIENHOLDER

LIEN RELEASED BY:

X

PRINTED NAME:

POSITION:

DATE:

FIRST LIENHOLDER

LIEN RELEASED BY:

X

PRINTED NAME:

POSITION:

DATE:

The Commissioner of the Bureau of Motor Vehicles, pursuant to the laws of the State of Indiana, certifies that the vehicle/watercraft has been duly titled and the owner of the described vehicle/watercraft is subject to the liens set forth.

INDIANA BUREAU OF MOTOR VEHICLES

Ronald L. Stiver, Commissioner

E4528335

TITLE NUMBER