Reset Save Print

MARYLAND "WATCH YOUR CAR" PROGRAM
WITHDRAWAL FORM

Mail this form to the Maryland Vehicle Theft Prevention Council
1201 Reisterstown Rd., Pikesville, MD 21208
1-800-96-THEFT

Registered Owner's Last Name | First Name | Middle Name

Street Address

City & County | State | Zip Code | 1. Area Code &Tele. # | 2. Area Code & Tele. #

Vehicle Tag Number | Tag Year | Make | Year | Model | Style | Color

Vehicle Identification Number (17 Digits)

I/we are the owner(s)of the above-described vehicle and are requesting that the vehicle be withdrawn from the Maryland Watch Your Car Program.

I/we understand that the vehicle's identifying information will be removed from the statewide Watch Your Car computer database.

I/we hereby certify that both Maryland Watch Your Car decals have been fully removed from the above-described vehicle.

Printed Name Owner #1 | Signature Owner #1 | Date

Printed Name Owner #2 | Signature Owner #2 | Date

All Above Information Required to be Printed Except Signatures
(Kindly Use Ink)

Please check only one box:

☐ I/we elect to have my/our vehicle removed from the "Watch Your Car" Program. I/we still own the vehicle and have removed both decals.

☐ I/we have sold or transferred the vehicle and have removed both decals.

☐ The registered vehicle is no longer operable or in my/our possession and I/we have removed both decals.

☐ Please remove my/our vehicle from the Watch Your Car program because:

(Please explain) _____

_____