



City of Corpus Christi

DATE: _____

TO: FLEET MAINTENANCE

FROM: _____
PRINT NAME EMPLOYEE ID

DEPT: _____

CONTACT PHONE. NO.: _____

SUBJECT: **Request – Replacement for Exempt License Plates**

Replacement for Standard Exempt License Plates

UNIT # _____ Activity Number _____

Check one: _____ Lost _____ Stolen _____ Mutilated

OR

Request to Change from Regular Exempt to Standard Exempt License Plates

UNIT # _____ Activity Number _____

Received by

Employee ID

Date