



# MARYLAND "WATCH YOUR CAR" PROGRAM WITHDRAWAL FORM



Mail this form to the Maryland Vehicle Theft Prevention Council  
1125 National Highway, LaVale, Maryland 21502

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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I/we are the owner(s) of the above-described vehicle and are requesting that the vehicle be withdrawn from the Maryland Watch Your Car Program.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) \_\_\_\_\_  
\_\_\_\_\_