

PLATE CANCEL WHILE ISOLATING DUE TO COVID

1. Please Fill out the Cancellation form attached
2. Please send both the form and a scan or photo of your photo identification to motorvehicles@newurbanregistry.com
 - Make sure that you put your current address on the form, this is where your refund cheque will go. Refunds are issued by cheque from the government and take 2-3 weeks
3. The clerk will review your form and send you a link for payment through optionpay (please make sure you check your junk mail) the cost to cancel is \$9.00 + a \$2.00 credit card fee this cannot be taken out of your refund and needs to be paid to the registry.
4. Once payment is received, the clerk will process your cancellation

Affix Microfilm Label Here



Licence Plate / Parking Placard Cancellation Declaration

In accordance with the *Traffic Safety Act (TSA)*, *Operator Licensing and Vehicle Control Regulation*, and the *Freedom of Information and Protection of Privacy Act (s.33)* for motor vehicle services, the Registrar of Motor Vehicles collects personal information for the following purposes: to confirm the identity and eligibility of an individual for motor vehicle services and for motor vehicle records held by Motor Vehicles; investigation and enforcement; and for contact information, including the residential address in order for the personal serving of documents under the TSA. Questions about the collection of your personal information can be directed to Alberta Registries, Box 3140, Edmonton AB T5J 2G7 or 780-427-7013, toll free 310-0000 within Alberta.

Part A - to be completed by the Registered Owner

Individual/Organization Name				
Address	Street	City/Town	Province/Territory	Postal Code
Licence Plate / Parking Placard Number	Plate / Placard was:			
	<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Returned <input checked="" type="checkbox"/> Retained by Owner			

Part B - to be completed if a Licence Plate / Parking Placard was Lost or Stolen (Optional)

Name of Police Service Reported to	Police File #	Date Reported

Part C - Declaration

I/We the undersigned declare that to the best of my/our knowledge all information shown on this form are correct in every respect. I/We acknowledge that it is unlawful to provide inaccurate and/or false information and that doing so may result in prosecution.

_____ Name of Registrant	_____ Date (yyyy-mm-dd)	_____ Signature of Registrant
_____ Additional Registrant	_____ Date (yyyy-mm-dd)	_____ Signature of Additional Registrant

Registry Agent Use Only For Client Verification

_____ Identification Type	_____ Number	_____ Signature of Registry Agent	_____ P #
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