

REQUEST FOR PROPERTY TAGS

This is a request for State of Louisiana Property Tags in accordance with State Property Control regulations, Chapter 3, Paragraph 309B.

Agency Information:	
Agency Number _____	Date Requested: _____
Agency Name _____	
Agency Address _____	
Street	City Zip
Contact Name: _____	Phone #: _____
Property Manager Signature: _____	

Tag Information	
How do you want your agency's name printed on the label? (20 characters max) _____	
<input type="checkbox"/> Series of Tags What tag number should the series start with? _____ Number of tags: _____ *If requested tags are not the standard five digit agency number then six digit tag numbers, please attach a sample.	<input type="checkbox"/> Replacement Tags List tag numbers of individual tags to be replaced _____ _____ _____ (If more space is needed, attach a separate list)
What color should the tags be? (Please only circle ONE - will default white) white red green yellow blue pink	

LPAA Use Only	
Date Ordered: _____	Job Number: _____
Date Shipped: _____	Invoice Number: _____