## THE DIOCESE OF TUCSON

## **Auto Endorsement Change Request**

ALL VEHICLE CHANGES MUST BE REPORTED WITHIN 30 DAYS IN WRITING AND SENT TO:

PROPERTY AND INSURANCE OFFICE P.O. BOX 31 Tucson, Arizona 85702-0031

EMAIL: eaguallo@diocesetucson.org

PARISH/PRIEST/OR	RGANIZATION:			
ADDRESS:				
EFFECTIVE DATE:				
		A VEHICI	LE	
			<b>==</b>	
YEAR:	Make:		_ Model:	
VIN: #				
LIEN HOLDER: _				
	NAME OF LOAN INSTITTUTION		ATTENTIO	N
	MAILING ADDRESS	CITY	STATE	ZIP CODE
AMOUNT INVOICE	CED: \$			
	☐ DELETIN	IG A VEHIC	CLE	
YEAR:	Make:		_ Model:	
VIN: #				
AMOUNT CREDI	TED: \$			
ar ar	☐ TRANFERF			1
	on to internally transfer a covered vehic	•		
YEAR:	Make:		_ Model:	
VIN: #				
PREVIOUS LOCA	ATION:	CITY	STATE	ZIP CODE
		0111	SIMIL	Zii CODE
NEW LOCATION	: MAILING ADDRESS	CITY	STATE	ZIP CODE