



LANCASTER COUNTY TREASURER'S OFFICE
625 NORTH 46TH STREET LINCOLN, NE 68503
PHONE (402) 441-7497/FAX (402)441-6484
WWW.LANCASTER.NE.GOV/TREASURER

AFFIDAVIT OF TRAILER OWNERSHIP

Application for registration of the following described trailer is being made:

_____, _____ UTILITY TRAILER VIN# _____
(Year) (Manufacturer)

The undersigned, being duly sworn, depose or affirms that the following information is true and correct about the above mentioned trailer:

- I/We certify that I/We are the true and lawful owner of the above described trailer that I/We purchased on _____, _____ from _____.
- The trailer has _____ wheels, it's dimensions are _____, and it is _____ in color. The trailer is capable of hauling _____ pounds. The trailer is being registered for _____ pounds.
- The trailer was not obtained through fraudulent or illegal means.

Dated this _____ day of _____, _____

PRINTED NAME OF APPLICANT(S)

SIGNATURE OF APPLICANT

Subscribed and sworn to me this _____ day of _____, _____.

(Designated County Official)