Print Form

RTC VEHICLE IDENTIFICATION FORM

Requesting Organization Fill Out Form and Fax to (847) 688-6268

1. Organization Name: _____

2. Address: _____

_____

3. Phone Number: _____

4. Requester Name: _____

5. Last 4 of SSN: _____

6. Date / Time Onboard RTC: _____

7. Date Departing RTC: _____

Vehicle Information

1. Vehicle Operator's Name: _____

2. Vehicle Owner: _____

3. Make / Model: _____

4. License Plate Number: _____