



ANNETTE RAMIREZ

Tax Assessor-Collector & Voter Registrar

www.hctax.net

Harris County Title Service Records

This form is prescribed pursuant to Sec. 520.057, Texas Transportation Code.

Instructions: Attach a completed copy of this form to form TS-5 for each transaction listed.

Name of Service: _____

Title Service Transaction Date: _____

Authorization No.: _____

License Plate Number: NO PLATE

VIN: test11

Customer # 1

Name: The Best Car Lot Age _____ Sex _____

Address: None

City None, None None St. _____ Zip _____

Customer # 2

Name: _____ Age _____ Sex _____

Address: _____

City _____ St. _____ Zip _____

*Legible copy of Driver's License
(Customer #1)*

*If unable to copy in this designated
space, attach a copy to this form.*

*Legible copy of Driver's License
(Customer #2)*

*If unable to copy in this designated
space, attach a copy to this form.*

*Legible copy of proof of financial responsibility
(insurance card)*

*If unable to copy in this designated space,
attach a copy of proof of insurance to this form.*

Printed name of person preparing this form

Signature of person preparing this form

Date