

# C.A.T. Combat Auto Theft Program Withdrawal Form

**Mail/Deliver to:**

Clay County Sheriff's Office  
Att: Operations  
PO Box 548  
Green Cove Springs, FL 32043  
or any substation

YOU MUST RETURN THIS FORM IMMEDIATELY UPON SELLING  
OR TRANSFERRING OF THE VEHICLE, OR IF YOU NO LONGER  
WISH TO PARTICIPATE IN THE PROGRAM.

**Decal #** \_\_\_\_\_

Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ Withdraw my vehicle from the C.A.T. Program. I no longer  
wish to participate in the program. I have removed the  
decal.

\_\_\_\_\_ I have sold/transferred the vehicle. I have removed the  
decal.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date