

IF YOU VISIT WWW.LAEXPRESSNEWS.ORG AT OUR WEBSITE

IF YOU HAVE ANY QUESTIONS CALL 225-925-6194.
TELEPHONE:

CORRESPONDENCE MUST INCLUDE FULL NAME, DATE OF BIRTH, OPERATOR'S LICENSE NUMBER, LICENSE PLATE AND VEHICLE IDENTIFICATION NUMBERS.
MAIL:
"PART 1" OF THIS NOTICE AND THE DOCUMENTS/FEE REQUESTED TO THE CANCELLATION UNIT, P. O. BOX 64886, BATON ROUGE, LOUISIANA 70886-4886.

BRING: "PART 1" OF THIS NOTICE AND THE DOCUMENTS/FEE REQUESTED TO YOUR LOCAL MOTOR VEHICLE REINSTATEMENT OFFICE; OR,

FOR ASSISTANCE

STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
OFFICE OF MOTOR VEHICLES



OFFICIAL NOTIFICATION OF CANCELLATION OF LIABILITY INSURANCE

R.S. 32:861, ET SEQ. REQUIRES MOTOR VEHICLES REGISTERED IN THIS STATE TO BE COVERED BY LIABILITY INSURANCE WITH A COMPANY APPROVED TO WRITE POLICIES IN LOUISIANA OR SOME OTHER TYPE OF SECURITY. THIS APPLIES EVEN IF THE VEHICLE IS LOCATED OUT OF STATE, OR IF THE REGISTRATION IS EXPIRED. THIS DEPARTMENT HAS BEEN NOTIFIED BY YOUR INSURANCE COMPANY THAT LIABILITY INSURANCE OR SECURITY ON THE VEHICLE DESCRIBED BELOW HAS BEEN CANCELLED.

IF YOUR VEHICLE WAS NOT INSURED AT THE TIME OF CANCELLATION, YOUR REGISTERING PRIVILEGES WILL BE REVOKED AND YOUR DRIVER'S LICENSE WILL BE BLOCKED AGAINST RENEWAL OR REISSUANCE 10 DAYS FROM THE DATE OF THIS NOTICE UNLESS YOU SUBMIT THE INFORMATION INDICATED BELOW.

HOW TO CLEAR WITHOUT A FEE

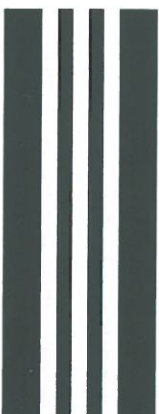
1. SHOW PROOF OF INSURANCE IN EFFECT AT TIME OF CANCELLATION (IF IT'S THE SAME POLICY REPORTED CANCELED, YOU MUST SUBMIT A LETTER OF NO LAPSE FROM THE INSURANCE COMPANY) OR
2. SHOW PROOF THAT ONE OF THE BELOW WAS COMPLETED WITHIN 10 DAYS FROM THE CANCELLATION DATE:
 - a. BILL OF SALE/TRADE IN DOCUMENT/LEASE RETURN
 - b. TOTAL LOSS STATEMENT FROM THE INSURANCE COMPANY
 - c. PROOF OF REPOSSESSION
 - d. JUNKED OR SALVAGED RECEIPT
 - e. OUT OF STATE REGISTRATION OR
3. SURRENDER YOUR PLATE WITHIN 10 DAYS OF THE DATE OF THIS NOTICE IF THE VEHICLE IS INOPERABLE

HOW TO CLEAR WITH A FEE (SEE FEE SCHEDULE BELOW)

1. SHOW PROOF OF CURRENT INSURANCE AND APPROPRIATE FEE OR
2. SHOW PROOF THAT ONE OF THE BELOW WAS COMPLETED AFTER 10 DAYS FROM THE CANCELLATION DATE:
 - a. BILL OF SALE/TRADE IN DOCUMENT/LEASE RETURN AND APPROPRIATE FEE
 - b. TOTAL LOSS STATEMENT FROM THE INSURANCE COMPANY AND APPROPRIATE FEE
 - c. PROOF OF REPOSSESSION AND APPROPRIATE FEE
 - d. JUNKED OR SALVAGED RECEIPT AND APPROPRIATE FEE
 - e. OUT OF STATE REGISTRATION AND APPROPRIATE FEE OR
3. SURRENDER PLATE AND APPROPRIATE FEE

DPSMV 3078-6 (R 12/2016)

PART
1



DAMMON CHARLES K
124 EDEN ISLES BLVD
SLIDELL LA 70458-5565

OID/224270 001

REPORTED OWNER OF VEHICLE (BY INSURANCE COMPANY)

DATE OF NOTICE 05/15/2019	INSURANCE COMPANY 10050			POLICY NO. 52887524	LICENSE PLATE NO. 459CYF
CANCELLATION NOTICE 001	PROGRESSIVE SECURITY INSURANC	VEHICLE MAKE MERZ/07	VEHICLE IDENTIFICATION NO. WDBSK71F77F134752		
	CANCELLATION DATE 03/25/2019				

REMOVE AT PERFORATIONS BEFORE MAILING

RETURN THIS FORM IN
ENVELOPE PROVIDED