Secretary of State

Power of Attorney

This space for use by Secretary of State

Secretary of State
Vehicle Services Department
501 S. Second St.
Springfield, IL 62756

ilsos.gov

_____ ,
Name of individual appointing power of attorney

Whose address is: _____ ,

does hereby make, constitute and appoint _____ ,

whose address is _____ ,

as the lawful attorney in fact, to sign all papers and documents required to secure Illinois title and/or registration of, or transfer interest in, the following described vehicle:

Vehicle Make: _____ Model Year: _____

Vehicle Model: _____ Body Type: _____

Vehicle Identification Number (VIN) _____

Complete the following (if applicable):

Purchaser's Name: _____

Address: _____

Date of Sale: _____

Granting to the aforesaid attorney in fact full power to do all acts as the principal might or could do if personally present; and hereby ratifying and confirming all that said attorney in fact shall lawfully do or cause to be done by virtue of the authority herein givin for this purpose, under penalties of perjury.

Such authority shall in no way reflect upon the State of Illinois, Secretary of State, or the Director of the Vehicle Services Department.

Signed: _____

Date Signed: _____

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