Release of Lien Request Form

VIN (REQUIRED):

Year: _____ Make: _____ Model: _____

Titled in State: _____

Account Number: _____

Date Paid Off: _____

I would like Lien Release Documents mailed to:

Name: _____

Address: _____

Address2: _____

City:_____ ST: _____ Zip Code: _____

If you would like to pick up Lien Release Documents we will notify you at:

Email Address: _____

Phone Number: _____

Requesting Name:_____

Signature:_____ Date:_____

--- *Credit Union Use Only* ---

Lien Release Processed by:

Date Processed: