



# SERVICES, INC.

1925 NORTH FRONT STREET  
P.O. BOX 2955  
HARRISBURG, PA 17105-2955  
PHONE: (800)242-3745 FAX: (717)255-8356

## LIEN VERIFICATION REQUEST FORM

DEALERSHIP NAME: \_\_\_\_\_

DIN NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

**RETURN BY:**

FAX NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

OWNER'S NAME	TITLE OR VIN NUMBER (PREFER TITLE NUMBER)
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.

The following information will be provided to the dealer in order to sell without a title present.

- 1) Vehicle Owner
- 2) Lienholder(s)
- 3) Odometer Information
- 4) Title Brand(s)