



ALABAMA DEPARTMENT OF REVENUE

MOTOR VEHICLE DIVISION

TITLE SECTION

P. O. Box 327610 • Montgomery, Alabama 36132-7610

MVT 5-27
1/99

Returned Title Request Form

This form must be completed by the owner or lienholder when the Alabama Certificate of Title has been returned by the post office as undeliverable.

TYPE OR PRINT ONLY

ALL OF THE FOLLOWING INFORMATION MUST BE COMPLETED:

Vehicle Identification Number: _____

Year Model: _____ Make: _____ Model: _____

Name of Owner(s): _____

Name of First Lienholder (if any): _____

I/We hereby request that the Alabama Certificate of Title that was returned to the Alabama Department of Revenue by the post office be mailed to the following address:

NOTE: If there is a recorded lienholder on the Alabama Certificate of Title, the Code of Alabama requires that the Certificate of Title be mailed to the first lienholder unless a lien release is provided.

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name of Individual or Company Requesting Title: _____

NOTE: If anyone other than the owner or lienholder is requesting the title, a Power of Attorney must accompany the request.

Signature of Individual Requesting Title: _____ Date: _____

MAIL THIS FORM TO THE ADDRESS ABOVE OR FAX TO (334) 242-0312.

PLEASE ALLOW 15 WORKING DAYS FOR PROCESSING.