

ALABAMA DEPARTMENT OF REVENUE

MOTOR VEHICLE DIVISION

TITLE SECTION

P.O. Box 327640 • Montgomery, AL 36132-7640 • titles@revenue.alabama.gov www.revenue.alabama.gov/motorvehicle/forms.html

Returned Title Request Form

This form must be completed by the owner or lienholder and mailed to the address listed above whenever an Alabama Certificate of Title has been returned by the United States Postal Service as undeliverable.

| | TYPE OR PRINT ONLY | <u>Y</u> | |
|--|---|----------|-------|
| ALL OF THE FOLLOWING INFORI | MATION MUST BE COMPLETED: | | |
| Certificate of Title Number (if known Vehicle Identification Number*: | | | |
| Year Model: Mak | :e: | Model: | |
| Name of Owner(s): | | | |
| Name of First Lienholder (if any): | | | |
| I/We hereby request that the Alabar United States Postal Service be ma | iled to the following address: | | |
| Mailing Address: | | | |
| City: | State: | Zip C | Code: |
| | ecorded lienholder on the Alaba the Certificate of Title be mailed t | | |
| Signature of Individual or Authorized Representative of Company Requesting Title: | | | Date: |
| Printed Name of Individual or Authorized Representative of Company Requesting Title: | | | |

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

NOTE: NO FEE IS REQUIRED TO BE SUBMITTED WITH THIS FORM.