Massachusetts Registry of Motor Vehicles (RMV) Title Division

Complaint Form

Use this Form to report a lienholder's violation of Chapter 243 of the Acts of 2004, for failure to release a lien and Title upon full payment in satisfaction of the security interest. (Must be released within three (3) days after demand and, in any event, within ten (10) days and forwarded to the dealer, insurer, or vehicle owner.)

1. Vehicle Description:

Make_____ Model_____ Year_____ Title No_____ State of Issue_____

Vehicle ID No.___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/ ___/

2. To be Completed by a Dealer or Insurer Who Acquired the Vehicle with an Outstanding Loan:

Dealership/Insurer Name _____Tel No._____-_____-_____

Street Address_____Mail Address: _____

City/Town_____ State_____ Zip Code_____

Contact Person_____

3. To be Completed by the Vehicle Owner Who Made Final Payment on the Loan:

Name of Vehicle Owner _____ Tel No._____-_____-_____

Street Address_____Mail Address: _____

City/Town_____ State_____ Zip Code_____

4. Lienholder Information:

Name of Lienholder _____ Tel No._____-_____-_____

Street Address_____Mail Address: _____

City/Town_____ State_____ Zip Code_____

Contact Person_____ Account No._____

5. Payoff Information:

a) Amount tendered as payment-in-full $_____

b) Was this the total amount owed? Yes___ No___

c) Date payment sent _____

d) Did you request delivery of Title? Yes___ No___

e) Method of Payment Used (Check one only): ☐ Cash ☐ Teller's check ☐ Certified check ☐ Cashier's check

☐ Intra-bank or inter-bank transfer of funds ☐ Electronic transfer of funds ☐ Other _____

f) Address Where Payment Sent (If different from #4 above):_____

g) Payment Delivery Information (If payment was not made electronically. Check one only):

☐ Regular U.S Mail ☐ Overnight U.S. Mail ☐ Next Day Air

☐ Overnight delivery by private carrier (e.g. DHL, FedEx, UPS, etc):_____

☐ Other _____ Please include any Tracking No. _____

(Over)

h) Have you had any contact with the lienholder since you sent the payment? Yes___ No___

If yes, and the contact was by mail, please provide a copy of any letter, fax, e-mail or form sent or received.
If the contact was by telephone, please describe the number called (if by you), whom you spoke with, the date(s) of the conservation, the substance of the conversation, and any followup action you or the lienholder may have taken as a result of that contact. Please include as much detail as possible.

i) Have you received the released Title as of the date of this Complaint? Yes ___No___ Date of Receipt_____

If available, please include a photocopy of any letter or form you sent to the lienholder with the original payment and a copy of the original form of payment (check) if not paid electronically, and copies of the documents listed in 5. h) to or from the lienholder, and a copy of the title if receceived.

Your Printed Name **Your Signature** **Today's Date**

Thank you. Please return the completed Complaint Form and photocopied documents to:

Director, Title Division
Registry of Motor Vehicles
P.O. Box 55885
Boston, MA 02205-5885