



I-Pay-Tax Complaint Form

Registry of Motor Vehicles

P.O. Box 55889 • Boston, MA • 02205-5889 • FAX: 857-368-0649

A. Instructions

Please mail or fax this form to the number or address provided above. Complaints may also be submitted via mass.gov/RMV by selecting "I-Pay-Tax Complaint" from the Additional Services section of the myRMV Online Service Center.

B. Vehicle Information

Date	Plate Number
------	--------------

If Special Plate, describe unique markings:

State of Registration	Description of Vehicle
-----------------------	------------------------

Vehicle Address

Address	City	State	Zip Code
---------	------	-------	----------

How long has the vehicle been located at this address?

Describe any activity leading you to believe this vehicle is improperly registered: