# Lienholder Complaint Form

Registry of Motor Vehicles • Title Division
P.O. Box 55889 • Boston, MA • 02205-5889
Email: AtlasELT@dot.state.ma.us

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 3 days after demand and, in any event, within 10 days and forwarded to the dealer, insurer, or vehicle owner.)

Please scan/email the completed Lienholder Complaint Form and any related documents to: AtlasELT@dot.state.ma.us.

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 item # 8 (on the next page) to or from the lienholder, and a copy of the Title if received.

## A. Vehicle Information

| Year | Make | Model | Registration # | State |
|---|---|---|---|---|
| | | | | |

VIN #

## B. Dealer or Insurer Information (to be completed by a Dealer or Insurer who acquired the vehicle with an outstanding loan)

Dealership/Insurer Name | Phone #

Address

Street | City | State | Zip Code

Mailing Address ☐ Check if same as above

Street | City | State | Zip Code

Contact Person | Email Address

## C. Owner Information (to be completed by the Vehicle Owner who made final payment on the loan)

Last Name | First Name | Middle Initial | Suffix

Address

Street | City | State | Zip Code

Mailing Address ☐ Check if same as above

Street | City | State | Zip Code

Email Address | Phone #

## D. Lienholder Information

Lienholder Name

Address

Street | City | State | Zip Code

Mailing Address ☐ Check if same as above

Street | City | State | Zip Code

Contact Person | Account # | Phone #

**(Continued on next page)**

## E. Payoff Information

1. Amount tendered as payment-in full: $_____
2. Was this the total amount owed? ☐ Yes ☐ No
3. Date payment sent: _____
4. Did you request delivery of Title? ☐ Yes ☐ No
5. Method of payment (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
6. Address where payment sent (If different from Section E above): _____
7. 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 #: _____
8. 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 conversation, the substance of the conversation, and any follow-up action you or the lienholder may have taken as a result of that contact. Please include as much detail as possible.

9. Have you received the released Title as of the date of this complaint? ☐ Yes ☐ No Date of Receipt: _____

## F. Certification and Signature

I swear (affirm), under the penalties of perjury, that the information provided is true and correct. I am aware that false statements are punishable by fine, imprisonment, or both under M.G.L. Chapter 90, Section 24B.

Signature: _____ Date: _____

Printed Name: _____