

Massachusetts Registry of Motor Vehicles (RMV) Title Division Lienholder 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. _____

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 conversation, 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 received.

Your Printed Name

Your Signature

Today's Date

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

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