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)

5. 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 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