



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES

RESEARCH/TITLE OFFICE

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www.dmv.ri.gov

FEE: \$ 51.50 per VIN

REQUEST FOR TITLE INFORMATION

Date: _____

Name of Agency / Person Requesting Information (proper ID must be present):

Amount Paid: _____

Clerk: _____

Cash

Check: Check #: _____

REASON FOR REQUEST:

DESCRIPTION OF VEHICLE:

Year

Make

Vehicle Identification Number

NAME OF OWNER:

Full Name: _____

Residence Address: _____

Printed Name of Requester: _____

Signature of Requester: _____