WITHDRAWAL STATEMENT

STATE OF RHODE ISLAND -- DIVISION OF MOTOR VEHICLES
Research
600 New London Avenue, Cranston, RI 02920-3024
www.dmv.ri.gov

It is requested that all supporting documents relative to an application for Rhode Island Motor Vehicle Certificate of Title submitted in the name of _______________, on _______________ at __________________

APPLICANT’S FULL NAME        DATE        MVD OFFICE

covering a _________________      _________________      _______________________

YEAR       MAKE       VEHICLE IDENTIFICATION NUMBER

be withdrawn. The reason for this request is as follows: ___________________________

_______________________________________________________________________.

It is accepted by the applicant that all fees paid in the submission of the application are forfeited.

* IF PAYMENT WAS MADE BY CHECK, WAS A STOP PAYMENT INITIATED? Y ___   N ___

______________________________
APPLICANT’S SIGNATURE

** WITHDRAWAL TRANSACTION MUST BE COMPLETED WITHIN TWENTY-FOUR (24) DAYS OF REGISTRATION TRANSACTION TO AVOID SUSPENSION.

I hereby certify that the vehicle to the above-named purchaser was never finalized because there was no delivery of the vehicle to the purchaser and/or the purchaser has returned the vehicle to the dealer and that the dealer approves of the withdrawal of all supporting documents relative to said application.

______________________________
CONTACT PERSON (DEALER)        DEALER’S SIGNATURE

______________________________
DEALER’S TELEPHONE

I, the undersigned, certify that the lien(s) against the vehicle herein described is hereby released and discharged.

______________________________
NAME OF FIRST LIENHOLDER        SIGNATURE OF FIRST LIENHOLDER

______________________________
DATE LIEN RELEASED

REV: 08/10