

ALABAMA DEPARTMENT OF REVENUE

MOTOR VEHICLE DIVISION

P.O. Box 327640 • Montgomery, AL 36132-7640 www.revenue.alabama.gov

Returned Title Request Form

This form must be completed by the owner or lienholder and mailed to the address listed above whenever an Alabama Certificate of Title has been returned by the United States Postal Service as undeliverable.

ALL OF THE FOLLOWING INFORMATION MUST BE COMPLETED:

	,		
	vn):		
Vehicle Identification Number*:			
Year Model: M	ake:	Model:	
Name of Owner(s):			
Name of First Lienholder (if any):			
• •	bama Certificate of Title that was re be mailed to the following address:	turned to the Alabama D	epartment of Revenue by
Name:			
Mailing Address:			
City:	State:	Zip Code:	
	recorded lienholder on the Alab t the Certificate of Title be mailed		e, the Code of
Signature of Individual or Authorized Representative of Company Requesting Title:		[Date:
Printed Name of Individual or Authorized Representative			

NOTE: If anyone other than the owner or lienholder is requesting the title, a Power of Attorney must accompany the request.

NOTE: NO FEE IS REQUIRED TO BE SUBMITTED WITH THIS FORM.