RELEASE OF LIEN NOTIFICATION PURSUANT TO 29A MRSA § 705



SECRETARY OF STATE BUREAU OF MOTOR VEHICLES F KX KUKOP 'QH'VK/NG'UGTX KEGU

Date_____

Name of Lending Institution _____

Address _____

Customer Name	Title No.	Vehicle Identification No.	Release Date

THIS FORM MUST BE ACCOMPANIED BY A COVER LETTER.

Name of Authorized Individual

Position

Signature of Authorized Individual

Phone #

If you need further information or instructions, please call (207) 624-9000 Ext. 52138 101 Hospital Street, #29 State House station, Augusta, ME 04330-0029 Tel. (207) 624-9000 Ext. 52138 Fax: 624-9254 TTY users call Maine relay 711