RELEASE OF LIEN NOTIFICATION PURSUANT TO 29A MRSA § 705



SECRETARY OF STATE BUREAU OF MOTOR VEHICLES DIVISION OF TITLE SERVICES

Date	_ YOMATNE		
Name of Lending Institution			
Address			
Customer Name	Title No.	Vehicle Identification No.	Release Date
Γ	THIS FORM MUST BE ACCOM	PANIED BY A COVER LETTER.	
Name of	Authorized Individual	Position	
Signatu	re 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