



STATE OF RHODE ISLAND

DIVISION OF MOTOR VEHICLES

RESEARCH/TITLE OFFICE

600 New London Avenue
Cranston, RI 02920-3024

Phone: 401-462-4368 Fax: 401-462-5783

www.dmv.ri.gov

WITHDRAWAL STATEMENT

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be withdrawn.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