



STATE OF RHODE ISLAND

**DIVISION OF MOTOR VEHICLES**

RESEARCH/TITLE OFFICE

600 New London Avenue

Cranston, RI 02920-3024

Phone: 401-462-4368

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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be withdrawn.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 TEN (10) 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