



STATE OF RHODE ISLAND

**DIVISION OF MOTOR VEHICLES**

**RESEARCH/TITLE OFFICE**

600 New London Avenue  
Cranston, RI 02920-3024

Phone: 401-462-4368

www.dmv.ri.gov

FEE: \$ **52.50** per VIN

**REQUEST FOR TITLE INFORMATION**

Date: \_\_\_\_\_

Name of Agency / Person Requesting Information (proper ID must be present):

\_\_\_\_\_

Address of Agency / Person Requesting Information

\_\_\_\_\_

Amount Paid: \_\_\_\_\_

Clerk: \_\_\_\_\_

Cash

Check: Check #: \_\_\_\_\_

**REASON FOR REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DESCRIPTION OF VEHICLE:**

_____	_____	_____
Year	Make	Vehicle Identification Number

**NAME OF OWNER:**

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Printed Name of Requester: \_\_\_\_\_

Signature of Requester: \_\_\_\_\_