



Mail Drop 507M
 Executive Hearing Office
 Arizona Department of Transportation
 PO Box 2100
 Phoenix AZ 85001-2100

96-0330 R12/11 www.azdot.gov

LIENHOLDER COMPLAINT REPORT

Please type or print. Must be completed in full. This complaint is intended to determine if the lienholder should be fined, and may or may not speed the release of your title.

Complainant – Name of Person Making This Complaint (first, middle, last, suffix)			
Street Address		City	State Zip
Mailing Address (if different from above)		City	State Zip
Daytime Phone ()			

Vehicle Identification Number	Year	Make	Model	Plate Number
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Lienholder Name			
Mailing Address		City	State Zip

Recorded Lien Amount \$	Date Lien Satisfied	Payment Method	Date You Requested Release of Title
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Additional Details

Evidence That The Lien Was Satisfied (attach copies):

- Yes No Receipt
- Yes No Canceled Check
- Yes No Bank Statement
- Yes No Indicator on Contract (that lien was paid in full, date and initialed by lienholder representative)
- Yes No Other:

- Yes No Will you testify under oath on this matter if necessary?

Complainant Signature		Notary or ADOT Agent Signature	
Acknowledged before me this date.			
Date	County	State	Commission Expires