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| **Mail to:**PO Box 2014, Frankfort KY 40601-2014 |
| **Note:** Title records older than five years are not available. |
| I hereby request the following information: |
| **SELECT ONE:** |
| **[ ]  Towing and Storage** | **[ ]  Mechanic’s Lien** | **[ ]  Boat** |  |
| **[ ]  KY Search Only** | **[ ]  50 State Search** | **[ ]  Lien Holder** |  |
| VIN or HIN Number  |       |  |
| Title Number  |       |  |
| License Plate Number  |       |  |
| **Please place your initials beside the box you select.** |
|        | [ ]  | **For use in providing notice to the owners of towed or impounded vehicles.** |
|        | [ ]  | **For use in providing notice to the Lien Holder.** |
|        | [ ]  | **For use in providing notice to the Boat owner(s).** |
|  |
| **Pursuant to Section 2722 of the Driver’s Privacy Protection Act of 1994, it is unlawful for any person to knowingly obtain or disclose personal information from a motor vehicle record, for any use not permitted under Section 2721 (b) of the Act. I certify that this release of information is permissible for the reason checked above and will be used only as indicated. The undersigned takes full responsibility for any violations of this act. A fee of $3.00 per record requested is required with this completed form. Please make check or money order payable to the Kentucky State Treasurer.** |
|       |  |       |
| **Printed name of person making request** |  |  | **Agency or Company *(if applicable)***      |
| **Signature****STATE OF** | **Date** |  | **Address** |  |
|       |       |       |
| **COUNTY OF** |  | **City** | **State** | **Zip** |
|        |       |
| **Attested before me on this** |  | **day of** |  | **20** |  |  | **Email Address**      | **Phone** |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **DL#**  |  |
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|  |  |       |  |
| **Notary/Attesting Official Signature and Title** |  | **Federal ID # OR State of Issuance** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **My commission #:** |  | **Expiration:** |  | **/** |  | **/** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | **MM** |  | **DD** |  | **YYYY** |
| **FOR MVL USE ONLY** | **Date Processed**       | **Fees Collected**       | **Clerk’s Initials**       |

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