

PORTAGE COUNTY AUTO TITLE DEPARTMENT

449 South Meridian Street
PO Box 1217
Ravenna OH 44266-1217
Phone 330-297-3450

*****Fill out and mail to Lienholder.**

In the space below fill in
Lienholder's Name, Address:

Date of Request: _____

Name: _____

Address: _____

City, State, ZIP: _____

Home Phone: _____

Work Phone: _____

Account Number: _____

DESCRIPTION OF VEHICLE

| <u>YEAR</u> | <u>MAKE</u> | <u>SERIAL NUMBER / VIN</u> |
|-------------|-------------|----------------------------|
|-------------|-------------|----------------------------|

The above wishes to obtain an Ohio Title. In order to make the transfer to conform with the Ohio Law, it will be necessary to have the following documents mailed to Portage County Auto Title Department at the above address.

____ Original Certificate of title.

____ Certified copy of the security agreement or true copy of same.

____ If leased, two (2) notarized power of attorney's allowing the customer to obtain title and plates. Federal tax identification number should be included on Power of Attorney forms.

____ **Along with this letter, send self-address stamped envelope.**

This office will return to the lienholder the original Ohio Certificate of Title and the original or true copy of the Security Agreement. A Memorandum Certificate of Title will be issued to the customer to obtain Ohio License plates.

TITLE WILL BE RETURNED IF NOT APPLIED FOR WITHIN 60 DAYS