

MARY L. SWAIN



CLERK OF COURTS

**RESEARCH QUESTIONNAIRE**  
\$5.00 FEE PER TITLE

Please complete the following:

Name(s) on title \_\_\_\_\_

Address, if known \_\_\_\_\_

Description of vehicle Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Body Type \_\_\_\_\_ VIN \_\_\_\_\_

When was this vehicle purchased? \_\_\_\_\_

Please complete the following information about yourself for our office:

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

Business or agency that you are from: \_\_\_\_\_

Date of research check: \_\_\_\_\_