



MARY L. SWAIN

BUTLER COUNTY CLERK OF COURTS

REQUEST FOR RELEASE OF TITLE FROM LIENHOLDER

To: Lienholder or Financial Institution: _____
Address: _____

Your customer, whose name and present address appear below, wishes to procure an Ohio Certificate of Title. Below is the information needed to conform to Ohio laws:

1. The original Certificate of Title and Security Agreement.
2. A self-addressed stamped envelope so that we may mail the Ohio Title back to you directly.

To the Owner: Please indicate the title office below where you would like to pick up your title.

To the Lienholder: Please mail the required documents listed above to the office indicated below.

- | | |
|--|--|
| <input type="checkbox"/> Hamilton Title Office
744 NW Washington Blvd., Suite A
Hamilton, OH 45013
(513) 887-3090
Fax: (513) 887-3970 | <input type="checkbox"/> Fairfield Title Office
530 Wessel Dr.
Fairfield, OH 45014
(513) 737-7308
Fax: (513) 737-7487 |
| <input type="checkbox"/> West Chester Title Office
4872 Union Centre Pavilion Drive
West Chester, OH 45069
(513) 860-9702
Fax: (513) 860-9708 | <input type="checkbox"/> Monroe Title Office
3203 Heritage Green Dr.
Monroe, OH 45050
(513) 785-6766
Fax (513) 785-6765 |

The original Ohio Certificate of Title with your lien recorded will be returned to you. A Memorandum Certificate of Title (non-transferable copy) will be issued to your customer in order to purchase license plates.

Customer Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Vehicle Description: Year: _____ Make: _____ Model: _____

VIN: _____ Account #: _____

Thank you for your time and attention to this matter. _____ Deputy Clerk