KANSAS DEPARTMENT OF REVENUE DIVISION OF VEHICLE www.ksrevenue.org

COMPLAINT OF LIEN HOLDER'S FAILURE TO COMPLY WITH LIEN RELEASE REQUIREMENTS

The purpose of this form is to report a lien holder's violation of SB 558 of the 2006 Session of the Kansas Legislature for failure to release a lien (and title when applicable) upon full payment is satisfaction of the security interest. The lien holder will have three (3) business days after receipt of cash, intra-bank transfer or wired funds payment, and a request for the release of lien to fully execute a release of lien and shall mail or deliver such release as directed by the person who requested the release. When a lien is paid by other than cash, intra-bank transfer or wired funds, the lien holder has ten (10) business days after receipt of such payment and request for the release of lien to fully execute a release of lien and shall mail or deliver such receipt of such payment and request for the release of lien to fully execute a release of lien and shall mail or deliver such release as directed by the person who requested the release of lien to fully execute a release of lien and shall mail or deliver such release.

VEHICLE INFORMATION

Year	Make	VIN:		KS	License Plate:				
PERSON(S) OR	BUSINESS FILING C								
Name(s):				Phone Number: _					
	Mailing Address		City		State	ZIP			
Contact Person's	Name:								
PERSON(S) OR	BUSINESS WHO MA	DE FINAL PAYME	ENT INFORMATION						
Name(s):				Phone Number:					
	Mailing Address		City		State	ZIP			
LIEN HOLDER	INFORMATION								
Lien Holder's Nan	ne:			Phone Number: _					
	Mailing Address		City		State	ZIP			
Contact Person's	Name:			Account Number:					
PAYOFF INFOR	RMATION								
Amount tendered as payment in full: \$ Was this the total amount owed? Yes No									
Date payment was sent: Did you request a release of lien in writing*? Yes No * Please attach copy of written request if available.									
Method of Payment Used: Check Only ONE	Cash [Teller's Check [Wired funds	Intra-bank Trans						
Address where p									
Payment Deliver	y Information (Check Only ONE onic R ight delivery by private	egular U.S. Mail carrier (e.g. DHL, F	Overnight FedEx, UPS, etc):	U.S. Mail					
			Please include	any Tracking No.	:				

CONTACT	INFORM	ATION											
Have you	had any o	contact	with the lien h	nolder sin	ice the p	baymen	t and r	equest	t was so	ent?	Yes	🗌 No	
lf yes: (Contact w	vas by:	Phone	Mail	F	ax] E-mai	I	Form	< Please	e attac	h a cop	y.
lf by P			Person Who e Contact/Call	:									
			umber Used the Contact:						Date the C				
		Name of Contacte	Person d/Spoken Wit	h:									
			ance of the co ase include as										aken as a
Have y	you receiv	ved the	release of lier	n, or title i	if applic	able, a	s of the	date d	of this c	complair	nt? [Yes	No
								lf	yes, da	te receiv	ved		
original form	of payment	(check) if I	pcopy of any cor not paid electroni from the lien hold	cally. In add	dition, atta	ch copies	s of the do	ocument	s listed ir	the Conta			
I certify that a	all informatio	n containe	d in this complair	nt form is tru	e and cor	rect to the	e best of r	ny know	ledge.				
Siç	gnature of F	erson Fili	ng Complaint		Printec	I Name of	f Person	Who Sig	gned to tl	ne Left		Date)
Please att and mail t		vailable	copies and/c	or forms I	mention	ied in t	his cor	nplain	t to this	s compl	eted a	nd sigi	ned form
Kansas De Division of 915 SW Ha Topeka, Ka	Vehicles arrison		nue										
Attention: 1			Complaint										

TR-156www (01/07)