



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.

Hamilton Title Office
315 High St., 5th Fl.
Hamilton, OH 45011
(513) 887-3090
Fax: (513) 887-3970

Middletown Title Office
3230 Roosevelt Blvd.
Middletown, OH 45044
(513) 425-8766
Fax: (513) 425-8604

West Chester Title Office
4872 Union Centre Pavillion Drive
West Chester, OH 45069
(513) 860-9702
Fax: (513) 860-9708

Fairfield Title Office
530 Wessel Dr.
Fairfield, OH 45014
(513) 737-7308
Fax: (513) 737-7487

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