STATE OF ARKANSAS

OFFICIAL RELEASE OF LIEN

OR

PERMISSION TO ISSUE A REPLACEMENT TITLE

PLEASE TYPE OR PRINT

To Whom It May Concern:

This is to certify that the lien held by ______________________________________

__________________________________________________________________________

(Name of Lien Holder)

__________________________________________________________________________

(Address of Lien Holder)

Year ______ Make _______ Model _______ Body Style _____________

VIN (Vehicle Identification Number) __________________________________________

Dated ________________ in the amount of _________________________________

Owned by ________________________________________________________________ is:

(Owner’s Name)

☐ Satisfied and hereby released as of _________________________________ date.

☐ Not satisfied. Permission is granted to issue a replacement title in the name of:

__________________________________________________________________________

(Signature of Lien Holder)