

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 release as directed by the person who requested the release.

VEHICLE INFORMATION

Year _____ Make _____ VIN: _____ KS License Plate: _____

PERSON(S) OR BUSINESS FILING COMPLAINT

Name(s): _____ Phone Number: (____) _____

Mailing Address City State ZIP

Contact Person's Name: _____

PERSON(S) OR BUSINESS WHO MADE FINAL PAYMENT INFORMATION

Name(s): _____ Phone Number: (____) _____

Mailing Address City State ZIP

LIEN HOLDER INFORMATION

Lien Holder's Name: _____ Phone Number: (____) _____

Mailing Address City State ZIP

Contact Person's Name: _____ Account Number: _____

PAYOFF INFORMATION

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: Cash Wired funds Intra-bank Transfer
Check Only ONE Teller's Check Certified Check Cashier's Check Other: _____

Address where payment was sent: _____
If different from lien holder's address above

Payment Delivery Information (Check Only ONE)
 Electronic Regular U.S. Mail Overnight U.S. Mail Next Day Air
 Overnight delivery by private carrier (e.g. DHL, FedEx, UPS, etc): _____
 Other _____ Please include any Tracking No.: _____

CONTACT INFORMATION

Have you had any contact with the lien holder since the payment and request was sent? Yes No

If yes: Contact was by: Phone Mail Fax E-mail Form < Please attach a copy.

If by Phone: Name of Person Who Made the Contact/Call: _____
Phone Number Used To Make the Contact: (_____) Date of the Contact _____
Name of Person Contacted/Spoken With: _____

Below, provide the substance of the conversation, and any follow up action you or the lien holder may have taken as a result of this contact. Please include as much detail as possible. Attach additional pages as needed.

Have you received the release of lien, or title if applicable, as of the date of this complaint? Yes No
If yes, date received _____

If available, please include a photocopy of any correspondence or forms you sent to the lien holder with the original payment and a copy of the original form of payment (check) if not paid electronically. In addition, attach copies of the documents listed in the Contact Information portion of this form which was sent to or received from the lien holder, and a copy of the release of lien or title if it has been received.

I certify that all information contained in this complaint form is true and correct to the best of my knowledge.

Signature of Person Filing Complaint Printed Name of Person Who Signed to the Left Date

Please attach all available copies and/or forms mentioned in this complaint to this completed and signed form and mail to:

Kansas Department of Revenue
Division of Vehicles
915 SW Harrison
Topeka, Kansas 66626-0001
Attention: T & R-Lien Holder Complaint
TR-156 (New 01/07)