

Request for Title Hearing

FOR OFFICE USE ONLY Clerk: Date Received:

Please type or	print legibly.
----------------	----------------

Applicant Information

Name of Person or Business (as it will appear on the title):							
Mailing Address:		City:		State:	Zip:		
Phone:	County of Residence:		E	mail:			

I (we) hereby request the Tax Assessor-Collector grant a hearing for the purpose of establishing the ownership of the following described vehicle:

Vehicle Information						
Vehicle Information Number:			/ear:	Make:		
Body Style:	Plate Number:	Color:0		Odometer:		
l (we) make the following state	ement of facts in regard to	ownership of the vel	hicle described	above:		
purchased the vehicle from:			Date of Purchase:			
Purchase Price: \$						
Rea	ason for Requesting a Title	Hearing: (Please expla	in in detail.)			
List all the proof available for th	e use of the Tax Assessor-C	Collector in determinin	g the status of	your title hea		

I (we) have been denied by the Texas Department of Motor Vehicles and have been unable to secure title through normal procedures. Therefore, this request is made as provided by the Texas Certificate of Title Act.

Printed name owner/agent		Date
• • •	-	
_day of	,	
	Notary Public or Harri	is County Deputy
	y, such application present adequate	y, such application must be executed by an officer a present adequate proof of authorization to act on k _day of,

WARNING: Falsifying information on any required statement or government document is a criminal offense and is punishable by fine and/or imprisonment.