

# TITLE INFORMATION - ORC 4505.14

Information requested on, VIN: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

I, \_\_\_\_\_, request a record for use in connection with a civil, criminal, administrative, or arbitral proceeding in a court or agency of this state, another state, the United States, or a political subdivision of this state or another state or before a self-regulatory body, including, but not limited to, use in connection with the service of process, investigation in anticipation of litigation, or the execution or enforcement of a judgement or order. See R.C. 4501.27. I understand and agree that I will not disclose or use this information for any purpose other than the above reason.

\_\_\_\_ (Initial) I hereby certify that all of the information contained on this form is true and accurate to the best of my knowledge and belief. I understand that providing false information may constitute a criminal offense of falsification with a maximum penalty of 6 months in jail and a \$1000 fine.

Signature

Date

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**Auto Title Deputy Clerk to fill out bottom portion**

Reason for Clerk denial: \_\_\_\_\_

Collect for \$5 for record search (ORC 4505.14) Check One: Yes \_\_\_\_\_ or No \_\_\_\_\_

Search Result

NAME:					
ADDRESS:		CITY:	STATE:	ZIP:	
YEAR:		MAKE:		MODEL:	
LIEN:	Check One: Yes _____ or No _____				
NAME:					
ADDRESS:		CITY:		STATE:	ZIP:
Indication of theft or salvage? Yes _____ or No _____					
Explain: _____					
_____					

Auto Title Deputy Clerk Signature

Date

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Clerk to Affix Stamp