

**STATE OF FLORIDA**  
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES  
**DIVISION OF MOTOR VEHICLES**  
2900 Apalachee Parkway  
Neil Kirkman Building, Attn: Repossession Recovery Attempt, MS# 73  
Tallahassee, Florida 32399

## NOTICE OR DISCHARGE OF REPOSSESSION RECOVERY ATTEMPT

Date: \_\_\_\_\_

**SECTIONS 1, 2 AND 3 SHOULD BE COMPLETED IF ADDING A REPOSSESSION RECOVERY ATTEMPT**

**SECTIONS 1, 3 AND 4 SHOULD BE COMPLETED IF DISCHARGING A REPOSSESSION RECOVERY ATTEMPT**

<b>1</b>	<b>MOTOR VEHICLE DESCRIPTION</b>					
Vehicle Identification Number		Make/Manufacturer	Year	Body	Color	Florida Title Number
License Plate Number, if known:			Weight			
<b>2</b>	<b>NOTICE OF REPOSSESSION RECOVERY ATTEMPT BY LIENHOLDER</b>					
<b>I/We, as lienholder, attempted to repossess the above described motor vehicle on _____ in _____ in _____</b> <b>Month, Day &amp; Year</b> <b>compliance with section 319.27, Florida Statutes.</b>						
<input type="checkbox"/> FEID# <input type="checkbox"/> DL# AND Sex/Date of Birth <input type="checkbox"/> DMV Account #		Lienholder Name:				
Lienholder Street Address:			City:	State:	Zip	
Lienholder Email Address			Lienholder Telephone Number			
Signature of Authorized Agent:			Printed Name of Authorized Agent:			
<b>3</b>	<b>OWNER INFORMATION</b>					
Owner's Name:			Owner's Driver License Number, if known:			
Owner's Street Address:			City:	State:	Zip:	
Co-Owner's Name:			Co-Owner's Driver License Number, if known:			
Co-Owner's Street Address:			City:	State:	Zip:	
<b>4</b>	<b>DISCHARGE / RELEASE OF REPOSSESSION RECOVERY ATTEMPT</b>					
Date of Discharge _____						
<b>I/We, as lienholder, previously filed a Repossession Recovery Attempt against the above named owner(s). The owner's name(s) was placed on a list of registered owners who may not be issued a license plate or revalidation sticker for any motor vehicle under section 320.03(8), Florida Statutes. The Repossession Recovery Attempt HAS been satisfied for the above owner(s) and is therefore discharged.</b>						
Name of Lienholder Discharging/Releasing Notice of Surrender:						
Mailing Address:				City:		
State:	Zip:	Telephone Number of Lienholder:				
<b>UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.</b>						
Signature of Authorized Agent Discharging/Releasing for the Lienholder				Date		