



**Unified Government
Wyandotte County
Treasury Division
710 North 7th Street, Suite 240
Kansas City, KS 66101
Phone: (913) 573-2821
Fax: (913) 573-2890**

Date: _____

Lienholder's Name: _____

Lienholder's Address: _____

Account Number: _____

Lienholder Fax Number: _____

Owner's Name: _____

Vehicle ID: _____

Vehicle Make: _____

Vehicle Year: _____

Dear _____:

Kansas has received a request for application of title on the vehicle with the owner listed above. This is a request for surrender of the title now in your possession. Upon receipt of the title, a Kansas electronic title will be issued and held by Kansas until the lien is released. A release of lien is not required for state transfer to Kansas. Release your lien only if the lien has been satisfied.

The requested title must be received as soon as possible. Our mutual customer will not be allowed to title or register this vehicle until/unless the title has been received. Once title has been received and processed, you will receive verification of a Kansas title and perfection of your lien.

Please enclose a copy of this letter with the requested title to the address below.

Wyandotte County Treasury Division
710 N. 7th St., Suite 240
Kansas City, Kansas 66101

If you have questions regarding this letter, please call Wyandotte County at (913) 573-2821.

Sincerely,

Wyandotte County Treasury Division

Customer Phone Number: _____ Customer Email: _____