

**MVD Request for Lien**

\_\_\_\_\_, 20\_\_

Arizona Department of Transportation  
Motor Vehicle Division  
Central Communications Unit Supervisor  
PO Box 2100, Mail Drop 554-M  
Phoenix, Arizona 85001-2100

Responsible Party:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regarding:

Defendant:

Defendant's address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Defendant's Date of Birth:

\_\_\_\_\_

Dear Sir or Madam:

Pursuant to ARS § 13-806 please place a (check one)

\_\_\_\_\_ Restitution Lien

\_\_\_\_\_ Pre-Conviction Restitution Lien

On the above-listed defendant's titled motor vehicle(s).

Enclosed is a certified copy of said Restitution or Pre-Conviction Restitution Lien.

\_\_\_\_\_  
Victim's/Lienholder's Signature

\_\_\_\_\_  
Victim's/Lienholder's Printed Name

Enclosure: 1