



**TENNESSEE DEPARTMENT OF REVENUE**  
**Request for Verification of Ownership on Vehicles Found**  
**Abandoned, Immobile or Unattended**

RV-F1310601 (Rev. 3-20)

**PURPOSE:** Authorized users (Law Enforcement Agencies, Tennessee Tow Companies, Title Services and Salvage Yard Companies) must verify ownership of abandoned, immobile or unattended vehicles within three (3) business days of taking the vehicle into custody. The verification can be obtained in one of two ways: 1) by law enforcement search of current motor vehicle records, provided through the Tennessee Information Enforcement System (TIES), or 2) by submitting this form.

**INSTRUCTIONS:** Complete all fields in this section unless otherwise noted. Pursuant to Tenn. Code Ann. §55-16-105, a Tennessee Law Enforcement Agency shall verify ownership information through the Tennessee Enforcement System (TIES) for processing by the police agency or any towing company contracting with the police agency. Any response not on file with the TIES system and queries made by persons other than a police agency or towing firm shall be referred to the Tennessee Department of Revenue, Vehicle Services Division. All lienholders and owners must be notified by certified mail, return receipt requested, within three (3) business days from receiving verification of ownership of such vehicle. For questions, email [VehicleServices.Research@tn.gov](mailto:VehicleServices.Research@tn.gov).

**SUBMIT THE FOLLOWING ITEMS** by mail to: TN Dept. of Revenue/Vehicle Services Division  
500 Deaderick Street  
Nashville, TN 37242

- Completed form**
- \$1.00 per completed form (check or money order made payable to TN Department of Revenue)**
- Copy of Law Enforcement Towing Form (or written explanation if not available)**
- Verification of Vehicle Identification Number (VIN)**

**Original paperwork will not be returned. Please send all hold releases to the email address above.**

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**I. REQUESTING PARTY INFORMATION:** Company Name: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Email: \_\_\_\_\_

**II. VEHICLE INFORMATION:** VIN: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate/State (if available): \_\_\_\_\_ / \_\_\_\_\_

Request placement of Abandoned Vehicle Stop on record:  YES  NO Date storage began: \_\_\_\_\_

**III. APPLICANT CERTIFICATION STATEMENT:** I, the undersigned applicant, hereby certify that the statements made herein are true and correct to the best of my knowledge, information and belief. Fraudulent statements made in this application could result in denial of this request and subject the signatory to criminal and civil penalties.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_