STATEMENT OF WITHDRAWAL FOR A CONNECTICUT MOTOR VEHICLE TITLE

H-71 REV. 1-2018

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES



On The Web At ct.gov/dmv

NAME OF APPLICANT (First Name, Middle Initial, Last Name) or BUSINESS NAME OF CUSTOMER					DMV OFFICE WHERE TRANSACTION OCCURRED (If applicable)		
VEHICLE YEAR VEH	HICLE MAKE	VEHICLE MODEL			VEHICLE IDENTIFICATION NUM	MBER OF WITHDRAWAL/VOID	
	IE OWNERSHIP DOCUI	0	ERTIFICATE OF RIGIN	CONNE	CTICUT OUT OF STATE TITLE (See beld		
CONNECTICUT TITLE NUMBER		IF OUT OF NAME OF TITLING STATE STATE TITLE			OUT OF STATE TITLE NUMBER	R DATE TITLE ISSUED	
NAME AND MAILING ADD	RESS OF DEALER (No., Street,	, Town, State, Zip Code)					
DEALER HAS ORIGINAL DOCUMEN	TS DEALER MAILED ORIGINAL DOCUM		SINAL TRANSACTION	DEALER'S	E-MAIL ADDRESS	FEDEX/UPS ACCOUNT NUMBER	
REASON FOR WITHDRAW	/AL/VOID						
WITHDRAWAL It is requested that the application for the vehicle and the applicant indicated above be WITHDRAWN. All fees paid in the submission of the original application are forfeited. Additionally, the vehicle has NOT left the dealer's property.							
I hereby certify under did NOT leave the prop		that the sale of the v	ehicle identified ab	ove was ne	ver finalized and the vehicle	e was not delivered to the applicant and	
SIGNATURE OF DEALER			DATE SIGNED		DEALER LICENSE NUMBER	DEALER TELEPHONE NUMBER	
					<u> </u>	<u> </u>	