STATEMENT OF WITHDRAWAL/VOID FOR A CONNECTICUT MOTOR VEHICLE TITLE

H-71 REV. 8-2017

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 V	EHICLE MAKE			VEHICLE IDENTIFICATION NUM	MBER OF WITHDRAWAL/VOID		
	THE OWNERSHIP DOCU	0	ERTIFICATE OF RIGIN	CONNE	CTICUT OUT OF STATI		
CONNECTICUT TITLE NUMBER		IF OUT OF NAME OF TITLING STATE STATE TITLE			OUT OF STATE TITLE NUMBER	R DATE TITLE ISSUED	
NAME AND MAILING AD	DDRESS OF DEALER (No., Street	, Town, State, Zip Code)	•			,	
DEALER HAS DEALER MAILE ORIGINAL DOCUMENTS				E-MAIL ADDRESS	FEDEX/UPS ACCOUNT NUMBER		
REASON FOR WITHDRA	AWAL/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WITHDRAWAL	It is requested that the application for the vehicle and the applicant indicated above be WITHDRAWN.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.						
	It is requested that the application for the vehicle and the applicant indicated above be VOIDED. All fees paid in the submission of the original application are forfeited.						
I hereby certify under		that the sale of the v	ehicle identified ab	ove was ne	ever finalized and the vehicl	e was not delivered to the applicant and	
SIGNATURE OF DEALER			DATE SIGNED		DEALER LICENSE NUMBER	DEALER TELEPHONE NUMBER	
<u>X</u>							