



STATE OF NEW JERSEY  
1-888-486-3339 ext. 5070 (in state)  
1-609-292-6500 ext. 5070 (out of state)

**Notice of Seizure of Motor Vehicle**

To be filed immediately with central office of the New Jersey Motor Vehicle Commission (address listed below) by the person or officer effecting the seizure of the vehicle

N.J.S.A. 39:10-15 as amended, I hereby file notice with you that I -Levied upon **or** -Seized and took possession

Of motor vehicle herein described on \_\_\_\_\_, by virtue of \_\_\_\_\_ from the following:  
Date

**Description of Owner/Lienholder**

Name of Titled Owner			
Driver License No./Corpcode			
Street Address	City	State	Zip
Name of Lienholder			
Street Address	City	State	Zip

**Description of Motor Vehicle**

Complete Vehicle Identification No.			Year	
Make	Model	Vehicle Type	Weight class	Odometer Reading (no tenths)
Last License Plate No.		Certificate of Origin Control No.		

**Motor Vehicle Present Location**

Street Address	City	State
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Are you in physical possession of the vehicle: -Yes **or** -No NCIC: -Yes **or** -No

I the undersigned do hereby certify that the information contained in this notice is correct in every detail. If the sale is not held, I agree to return the execution or foreclosure application form immediately, if issued, to the New Jersey Motor Vehicle Commission for cancellation.

\_\_\_\_\_  
Date Notice of Seizure was filed

\_\_\_\_\_  
Name and Title of Person making seizure

\_\_\_\_\_  
Address City State

\_\_\_\_\_  
Signature of Person making seizure

**Mail notice/documents to:**  
NJ Motor Vehicle Commission  
Special Title/Repossession Unit  
225 E. State Street  
P.O. Box 017  
Trenton, New Jersey 08666-0017