



STATE OF NEW JERSEY
609-292-6500 ext. 5070

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./Corrcode			
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	License Plate No.	Odometer Reading (no tenths)

Motor Vehicle Present Location

Street Address	City	State
----------------	------	-------

Are you in physical possession of the vehicle: -Yes **or** -No NCIC: -Yes **or** -No

Writ Of Execution - Please submit the form electronically to: MVCTITLERECORDS@MVC.NJ.GOV

County of Writ & Docket Number	Plaintiff Information
Lawyer/Firm's Name & Address	
Lawyer/Firm's Phone Number	

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 Title and Phone Number of Person making seizure

Address City State Zipcode

Signature of person making seizure

Mail notice/documents to:

**Motor Vehicle Commission Special Title/
Repossession Unit
225 E. State Street
P.O. Box 017
Trenton, New Jersey 08666-0017
**Writ of Executions must be sent to:
MVCTITLERECORDS@MVC.NJ.GOV****