

STORAGE LIEN INFORMATION SHEET

Revised July 2021

W.S. 29-7-101 through 106 AND 34.1-7-201 through 210

BRING THIS CHECK OFF SHEET WITH YOU TO THE CLERK'S OFFICE EVERYTIME YOU ARE WORKING ON THIS STORAGE LIEN.

NAME OF CUSTOMER: _____ **Deputy Clerk's Name:** _____ **Date** _____

This information is provided as a guideline for basic storage lien cases for vehicles, watercrafts or mobile homes (for the remainder of this document known as "titled property"). If you have any questions, please refer to the statutes listed above OR contact an attorney for legal advice. Please keep in mind this maybe a multi-trip to Lander to complete this process. \$12 to record lien, \$12 to record release, \$15 for title and \$10 for VIN inspection. Approximate total fees will be \$49.00.

DEFINITION OF STORAGE LIEN

If permission is given to a person to leave their titled property (temporarily) for storage purposes or repairs and that person does not pick up or pay for services performed on the titled property (as agreed to), a storage lien may be filed. However, the right of possession terminates six (6) months after the charges become due and payable. If you did **NOT** give permission to anyone to leave titled property, it is considered **ABANDONED** and these procedures **do not** apply to you. Please contact the Sheriff's Department for information.

NOTE: ALL STEPS MUST BE COMPLETED IN THE FOLLOWING ORDER

CHECK LIST (clerk will initial as each step is complete)

_____ **STEP 1 Complete the Application For Abandoned Vehicle Identification Request or Vehicle Record and Privacy Disclosure Release.**

_____ **STEP 2** If this is a mobile home, you must check with the Fremont County Treasurer's office to see if there are any back property taxes which are due.

_____ **STEP 3** Obtain a Vehicle (VIN) or Hull (HIN) identification number (serial number) inspection by any Wyoming Law Officer. They will fill out the **Application for Certificate of Title** (VIN/HIN inspection) form.

_____ **STEP 4** Bring this VIN/HIN inspection into the County Clerk's office. We will research the title and lien information for you. We will either give the owner information to you or instruct you to go through the State of Wyoming or to a different state. **Do not continue on this checklist until you have the information from our office.**

_____ **STEP 5** Fill out the **Storage Lien Statement Form** and have it notarized. (This is a LEGAL document, if you have any questions, please contact an attorney). These are good for 6 months only. Due date is usually the date that you are completing this form. The fee to record this is \$12 for the 1st page and \$3 for each additional page.

_____ **STEP 6** Ask for the person who helped you with the original information on the storage lien. They will help you record the lien in the county clerk's recording office. The office will give you a copy of the recorded lien to send to the debtor and any lien holders. A copy of the recorded lien shall be sent to the county or state DMV of record showing a lien has been recorded against the vehicle/watercraft.

_____ **(Recording Number)** _____ **Date recorded**

_____ **STEP 7 and 8 OPTIONAL OR IF NO PREVIOUS OWNER IS FOUND OF RECORD:**

Fill out the **Storage Lien Advertisement Notification Form** to get the date for the public sale.

A. The sale may not take place no sooner than thirty (30) days from the date of the lien filing and notification sent to the owner of record.

B. If, before the sale, any person claiming right to the titled property, wishes to pay the necessary amount to satisfy the lien and any reasonable expenses, they may do so.

_____ Send a copy of the **Recorded Storage Lien Statement** AND a **Storage Lien Notification Form** to the debtor and any lien holders by certified mail (green card return receipt requested through the USPS).

If any party has a grievance regarding the storage lien they must contact the claimant before the end of the period.

C. The person filing the storage lien may “buy” the titled property at any public sale, **but will be subject to County Sales Tax.**

D. Any person purchasing the titled property takes the titled property free of any rights of persons against whom the lien was valid. (Includes prior lien holders).

Purchases are also subject to County Sales Tax.

E. The storage lien holder may satisfy his lien from the proceeds of the sale but must hold the balance, if any, for delivery on demand to any person to whom he would have been bound to deliver the titled property. (Debtor and any previous lien holder).

_____ **STEP 9** Bring in the following papers to obtain a Wyoming Title:

A. _____ Application for Certificate of Title (VIN/HIN Inspection) Form

B. _____ Recorded Storage Lien Statement

C. _____ Returned USPS green card (or returned, unopened letter)

D. _____ **OPTIONAL: Proof of Advertisement from the Newspaper**

E. _____ Storage Lien Public Sale Report

F. _____ Property tax clearance from the Treasurer for mobile homes ONLY.

F. _____ Sales Tax Clearance from Treasurer

_____ **STEP 10** Hold your sale. Fill out the **Storage Lien Public Sale Report**. This only has to be filled out if the titled property is sold to anyone else besides the storage lien holder.

_____ **STEP 11** At this time we will have you fill out the **Release of Storage Lien Form** and have it notarized. The fee for this to be recorded will be \$12 for the first page and \$3 for each additional page.

_____ (Recording Number) _____ Date recorded

_____ **STEP 12** if all required steps have been followed and completed, a title will be issued to the lienholder or the person listed on the **Storage Lien Public Sale Report**. **Note: Sales tax must be paid to the Treasurer’s office at this point before the title is given to the new owner.** Give notarized **STORAGE LIEN PUBLIC SALE REPORT** as Bill of Sale with the properly executed title.

STATE OF WYOMING
 Application for Certificate of Title and VIN/HIN Inspection Form
 (Proof of ownership **MUST** accompany application)

Motor Vehicle Trailer Snowmobile Watercraft Mobile Home Date Title Issued: _____

MANUFACTURER	YEAR	VEHICLE / HULL IDENTIFICATION NO.			NMVTIS	BODY STYLE
FACTORY PRICE / MSRP	STATE	PRIOR TITLE NO.	ODOMETER	WEIGHT	PURCHASE DATE	VESSEL LENGTH

BRANDED TITLE INFORMATION -definitions and requirements are on the reverse side of this application.

Does this motor vehicle currently have or ever had a branded title? Yes No If Yes, what title brand? _____
 Has this motor vehicle been declared a total loss by an insurance company or sustained 75% damage of actual cash value? Yes No
 Printed Name of Person Completing this Section: _____ Signature: **X** _____

PURCHASER / SELLER INFORMATION (Please print clearly)

NAME OF PURCHASER(S) _____ Joint Tenants With Rights of Survivorship?
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 NAME OF SELLER _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____

LIEN INFORMATION (Please print clearly)

NAME OF LIEN HOLDER _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 LIEN FILING # _____ FILING DATE _____ LIEN AMOUNT _____

I/WE HEREBY SWEAR OR AFFIRM under penalty of perjury that all information on this application is true and correct and that I/we am/are lawfully applying for a Wyoming Certificate of Title. I/we further warrant that said vehicle is owned by me/us and is subject to the liens shown and none other. I/we further certify to the best of my/our knowledge that if the vehicle is a mobile home, all taxes due on the mobile home for the preceding and current year have been paid and in the event taxes have not been paid, acknowledge that I/we may be responsible for the taxes for the preceding and current year. Any false information may cancel the title and void any registration associated with the title.

PURCHASER SIGNATURE(S): **X** _____ **X** _____

~~~~~"VIN" or "HIN" Inspection Form~~~~~

**REQUIRED WHEN THE PRIOR TITLE IS FROM A STATE OTHER THAN WYOMING. NOT REQUIRED FOR MSO/MCO.**

**\*\* Before completing the V.I.N. or H.I.N. inspection, please review the "NOTICE" on the reverse side or this form to determine if you are authorized by statute to do so. Please print the vehicle/watercraft information as accurate and legible as possible and then verify with your signature at the bottom.**

**AUTHORIZED AGENT**  
**PRINT VIN OR HIN HERE** \_\_\_\_\_

*Vehicle Identification Number (VIN) typically contain 17 alpha-numeric characters and Hull ID Number (HIN) HIN's are required to have 10-14 but typically have 12 alpha-numeric digits, with no spaces or dashes.*

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Trim: \_\_\_\_\_ **VIN / HIN Verified With NCIC?** Yes / No  
(Ford, Jeep, Chevy, Honda, etc.) (F-150, Camaro, Wrangler, etc.) (XLT, Lariat, GT, LS, Rubicon, etc.) (Circle One)

Subject to the penalties of perjury, I, \_\_\_\_\_ **BADGE/TITLE/DLR NUMBER:** \_\_\_\_\_ am

an authorized member or employee of, **AGENCY OR ENTITY NAME:** \_\_\_\_\_  
(Please Circle One) Police Dept. / Sheriff's Office / Highway Patrol / State Police / G&F / Other Entity: \_\_\_\_\_

depose and state that, I personally inspected the VIN or HIN in the state of \_\_\_\_\_ on the above described vehicle/watercraft and the information entered by me is true and correct. The undersigned verifies that I am authorized by the laws of Wyoming (or state where the inspection occurred), to conduct this inspection.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**W.S. 31-3-102(b) provides a \$10.00 fee for each vehicle identification number inspected, and one \$10.00 fee for inspection of a VIN and HIN at the same time, pursuant to W.S. 31-2-103(a)(vi).**

**NOTICE:** The person conducting the VIN (vehicle) or HIN (watercraft) identification number inspection SHALL be authorized by their state statute regarding inspections of this nature. Any person who conducts a VIN or HIN inspection and is not lawfully authorized to do so shall be cause to void the title application and may void any title or registration issued that is related to this VIN or HIN inspection. In addition, YOU MAY BE SUBJECT TO CRIMINAL PENALTIES. (A VALID HIN on a watercraft is required to have 10-14 alpha-numeric digits but typically has 12, with no spaces or dashes.)

### **Wyoming V.I.N. Inspection Statutes**

W.S. 31-2-103. Contents of application; signature; vehicle identification number; issuance of certificate.

§ (vi) In the case of a vehicle registered or titled in a state other than Wyoming, or any homemade vehicle, rebuilt vehicle, reconstructed vehicle, any vehicle assembled from a kit or any vehicle for which a bond is required, a current statement made by a Wyoming law enforcement officer, or licensed Wyoming dealer only for vehicles in his inventory or possession, that the vehicle identification number on the vehicle has been inspected and that the inspection occurred in Wyoming and certifying the correct vehicle identification number displayed on the vehicle. Any licensed Wyoming dealer performing an inspection of a vehicle identification number under this section shall, in addition to the requirements of this act, do so pursuant to W.S. 31-11-108. In the case of a vehicle not in Wyoming, the vehicle identification number may be inspected and certified on a form approved by the department if the inspection is made by an authorized law enforcement officer of a city, county or state law enforcement agency or a commissioned officer at a federal military installation or any other person authorized to do so by law and delivered to the county clerk in the county where the application for certificate of title is made along with payment for the inspection fee required under W.S. 31-3-102(b)(iv);

(ix) Such other information as required by the department or county clerk which may include but not be limited to a vehicle bill of sale or similar document, any documentation necessary to verify proof of ownership including an affidavit for proof of ownership or any surety bond required by this act. Any affidavit for proof of ownership shall be prescribed pursuant to W.S. 31-1-201(d) and shall be utilized by each county of this state;

(x) A Wyoming certificate of title shall contain an appropriate notice whenever records readily accessible to the state indicate that the motor vehicle was previously issued a title or registration from any jurisdiction that bore any word or symbol signifying that the vehicle was "salvage", "unrebuildable", "parts only", "scrap", "junk", "nonrepairable", "reconstructed", "rebuilt" or any other symbol or word of like kind, or that it has been damaged by flood. Any information concerning a motor vehicle's status shall also be conveyed on any subsequent title issued for the vehicle by this state, including a duplicate or replacement title.

(d) Upon receipt of an application and payment of fees any county clerk shall, if satisfied that the applicant is the owner of the vehicle for which application for certificate of title is made, issue a paper certificate of title or electronic certificate of title, if available, upon a form or electronic format, approved by and provided at cost to the county clerk by the department in the name of the owner bearing the signature and seal of the county clerk's office. The county clerk shall not deliver a certificate of title issued under this section until presentation of a receipt for payment of sales or use tax pursuant to W.S. 39-15-107(b) or 39-16-107(b).

### **Wyoming Salvage Statute Information**

W.S. 31-2-107. Titles for damaged vehicles; return of certificate of title and registration for damaged vehicle; replacement title and registration.

§ (a) When a motor vehicle is declared a total loss by the insurance company or, in the event an insurance company is not involved in the settlement of the claim, sustains damage in an amount exceeding seventy-five percent (75%) of its actual retail cash value, as set forth in any current edition of a nationally recognized automotive appraisal guide or other source approved by the Wyoming insurance department, the owner or insurance company, if it obtains ownership of the vehicle through transfer of title as a result of a settlement of an insurance claim, shall forward the properly endorsed certificate of title to the office of the county clerk that issued the certificate of title together with an application for a certificate of title branded salvage and payment of the fee required under W.S. 31-3-102(a)(vii) to obtain a properly branded certificate of title. When any vehicle accident report is required under chapter 5, article 11 of this title, the investigating officer shall provide written notice to the owner or operator of the vehicle of the requirements under this section.

(d) This section shall not apply to motor vehicles with more than eight (8) years of service except any vehicle that was previously issued a title from any state that bore any word or symbol signifying that the vehicle was "salvage", "unrebuildable", "parts only", "scrap", "junk", "nonrepairable", "reconstructed", "rebuilt" or any other symbol or word of like kind, or that it has been damaged by flood, shall obtain a Wyoming title with the prior brand or any other information concerning the motor vehicle status, carried forward on any subsequent Wyoming title regardless of years of service.


# APPLICATION FOR ABANDONED VEHICLE IDENTIFICATION REQUEST OR VEHICLE RECORD AND PRIVACY DISCLOSURE RELEASE



|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                     |                 |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------|-----------------|
| <b>STEP #1</b>                             | <b>APPLICANT AND VEHICLE INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                     |                 |
|                                            | Requester/Applicant or Business Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    | Daytime Phone                       | Email Address   |
|                                            | Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | City                                | State      ZIP  |
|                                            | Vehicle Make                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Year                                               | VIN                                 |                 |
|                                            | Model                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Body Style                                         | Color                               |                 |
|                                            | License Plate No. w/Exp. Date <i>(If Applicable)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | State License Plate is from <i>(If Applicable)</i> | Title # <i>(If Applicable)</i>      |                 |
| Owner Name (If Applicable)                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                     |                 |
| <b>STEP #2</b>                             | <b>TYPE OF APPLICATION-IF UNSURE PLEASE CALL YOUR COUNTY CLERK AND DESCRIBE YOUR SITUATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                     |                 |
|                                            | <input type="checkbox"/> <b>BONDED</b> - You bought a vehicle and are unable to obtain a title- <b>PROCEED TO STEPS 4, 5 AND 6</b><br><input type="checkbox"/> <b>STORAGE/MECHANIC LIEN SALE</b> - You have a verbal or written agreement with a vehicle owner resulting in an unpaid bill- <b>PROCEED TO STEPS 4, 5 AND 6</b><br><input type="checkbox"/> <b>ABANDONED-<u>IN WYOMING ONLY!</u></b> - The vehicle was left unattended on private property <b>IN WYOMING</b> , without the express consent of the owner for at least 30 days. <b>COMPLETE STEP 3 THEN PROCEED TO STEPS 5 AND 6</b><br><input type="checkbox"/> <b>OTHER</b> Please check the appropriate box in Step #4 on the back of this form <b>THEN PROCEED TO STEPS 5 AND 6</b>        |                                                    |                                     |                 |
| <b>STEP #3</b>                             | <b>WYOMING ABANDONED VEHICLE INFORMATION</b> <small>(Complete only if you have checked "Abandoned" above)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    |                                     |                 |
|                                            | Address where the vehicle was abandoned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    | City                                | State      ZIP  |
|                                            | Describe how the vehicle came into your possession                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    | Date vehicle was abandoned or towed |                 |
|                                            | <b>IF VEHICLE WAS MOVED TO ANOTHER LOCATION, PLEASE COMPLETE BELOW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                     |                 |
|                                            | Name of Person who removed the vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    | Date of Removal                     | Time of Removal |
|                                            | Mailing Address where vehicle is currently located                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    | City                                | State      ZIP  |
|                                            | <p>*The above described vehicle has been abandoned on my private property or towed by my company and left in excess of 30 consecutive days. I understand Wyoming statue 31-13-109 can only be used when a vehicle is abandoned without the consent of the owner or person in lawful control of the property for 30 days after the date agreed upon by both parties. <b>I understand vehicles purchased without clear title and vehicles left with consent cannot be processed as abandoned</b>, as there is no provision for expiration of consent. I understand the department is vested only with the responsibility of making reasonable efforts to identify the vehicle's owner and any lien holder of record and forward the information obtained.</p> |                                                    |                                     |                 |
| Was the vehicle tagged by law enforcement? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No         |                 |

**TURN OVER**



|                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>STEP #4</b>                                           | <b>REASON FOR REQUEST (Complete if you have checked any purpose other than "Abandoned")</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                          | <input type="checkbox"/> Government agency, court or law enforcement agency in carrying out its normal functions.<br><input type="checkbox"/> <b><u>BONDED TITLE or</u></b> -Private person or entity acting on behalf of a government agency in carrying out its normal functions.<br><input type="checkbox"/> For use in matters of driver/vehicle safety, theft, emissions, product alterations, recalls, or advisories, performance monitoring of motor vehicles, parts and dealers, market research activity, survey research and removal of non-owner records from the original owner records of motor vehicle manufacturers.<br><input type="checkbox"/> <b><u>STORAGE/MECHANIC LIEN SALE or</u></b> -Normal course of business by a legitimate business or its agents, employees or contractors but only to verify the accuracy of personal information submitted by the individual to the business or its agents, employees or contractors; and if such information as so submitted is not corrected or is no longer correct, to obtain the correct information but only for purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against the individual.<br><input type="checkbox"/> Use in connection with any civil, criminal, administrative, or arbitral proceedings in any court or government agency or before any self-regulatory body, including the service of process, investigation in anticipation of litigation, and the execution or enforcement of judgments and orders, or pursuant to an order of any court.<br><input type="checkbox"/> Use in research activities and for use in producing statistical reports, so long as the personal information is not published, re-disclosed, or used to contact individuals.<br><input type="checkbox"/> Use in providing notice to the owners of towed impounded vehicles.<br><input type="checkbox"/> Use by a licensed private investigative agency or licensed security for any purpose permitted under this section. (Must present or enclose photocopy of state issued investigative license and must specify use.)<br><input type="checkbox"/> Use by employers or its agent/insurer to obtain/verify information required under the Commercial Motor Vehicle Safety Act of 1986 relating to a holder of a commercial driver's license.<br><input type="checkbox"/> Use in connection with the operating of private toll transportation facilities.<br><input type="checkbox"/> Bulk distribution for surveys, marketing, or solicitations if the Department has obtained the express consent of the person to whom such personal information pertains.<br><input type="checkbox"/> Any other use specifically authorized by law that is related to the operation of a motor vehicle or public safety. Must specify use _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>STEP #5</b>                                           | <p>To receive Wyoming motor vehicle records, the requestor must properly complete this form indicating the business need for information requested. <b>Resale or disclosure of any information received as a result of this release is prohibited.</b></p> <p>I hereby swear or affirm under penalty of perjury that all information on this application is true and correct. I will not resell or disclose information obtained pursuant to this release to any third party clients.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Signature of Applicant                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>STEP #6</b>                                           | <p><b><u>APPLICANT SHALL MAIL THIS APPLICATION ALONG WITH ALL REQUIRED DOCUMENTS AND \$5.00 FEE TO:</u></b><br/> WYDOT, ATTN: Motor Vehicle Services, 5300 Bishop Blvd., Cheyenne, Wyoming 82009-3340<br/> <b>FOR ADDITIONAL INFORMATION PLEASE CALL: 307-777-4709</b><br/> or email <a href="mailto:mvsplates@wyo.gov">mvsplates@wyo.gov</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>FOR WYOMING DEPARTMENT OF TRANSPORTATION USE ONLY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Approved                                                 | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

**STORAGE LIEN STATEMENT**

|                   |                       |
|-------------------|-----------------------|
| <b>LIENHOLDER</b> | Name: _____           |
|                   | Address: _____        |
|                   | City/State/Zip: _____ |

|               |                       |
|---------------|-----------------------|
| <b>DEBTOR</b> | Name: _____           |
|               | Address: _____        |
|               | City/State/Zip: _____ |

|                                                |    |
|------------------------------------------------|----|
| <b>TOTAL AMOUNT OF BILL DUE TO LIENHOLDER:</b> | \$ |
| <b>DATE BILL BECAME DUE AND PAYABLE:</b>       |    |

**NOTE: The right of possession terminates six(6) months after charges become due and payable.**

**This Lien Statement covers the following Titled Property:**

|                           |                              |
|---------------------------|------------------------------|
| Year: _____               | Make: _____                  |
| VIN/HIN (serial #): _____ | Title #: _____ Plate # _____ |

Is the item in your possession? (circle one)          YES                                  NO

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

|                                                              |                                                                                 |
|--------------------------------------------------------------|---------------------------------------------------------------------------------|
| Physical Location of vehicle: (state physical address) _____ | Is this on the WR Indian Reservation<br>Yes                                  No |
|--------------------------------------------------------------|---------------------------------------------------------------------------------|

Date of Services: \_\_\_\_\_

Type of Services: \_\_\_\_\_

Misc. Information: \_\_\_\_\_

**Others who may have an Interest in this Property:**

|  |             |                |
|--|-------------|----------------|
|  | LIENHOLDERS | Name(s): _____ |
|  |             | Address: _____ |
|  | OTHERS      | Name(s): _____ |
|  |             | Address: _____ |

DATE: \_\_\_\_\_ LIENHOLDER SIGNATURE: \_\_\_\_\_

STATE OF WYOMING )  
                                   )ss  
 COUNTY OF FREMONT )

\_\_\_\_\_ APPEARED BEFORE ME

\_\_\_\_ who is personally known to me  
 \_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_  
 \_\_\_\_ whose identity I proved on the oath/affirmation of \_\_\_\_\_ a credible witness  
 to be the signer of the above document, and he/she acknowledged that he/she signed it.  
 (SEAL)                                  Notary Public \_\_\_\_\_  
 My commission expires: \_\_\_\_\_

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

Title Number \_\_\_\_\_ Staff Initials \_\_\_\_\_  
 \_\_\_\_\_ The lien has been listed on the copy or sent to the proper county or other state DMV

**STORAGE LIEN ADVERTISEMENT NOTIFICATION FORM  
(OPTIONAL OR IF NO PREVIOUS OWNER IS ON RECORD)**

I, \_\_\_\_\_, storage lien holder, hereby make public notice that I have filed a storage lien against \_\_\_\_\_

Debtor dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ on a:

Year \_\_\_\_\_ Make \_\_\_\_\_

Vehicle (VIN)/Hull (HIN) Identification Number (serial #) \_\_\_\_\_

Amount owed to me: \$ \_\_\_\_\_.

I will hold a sale on (sale date 30 days from 1<sup>st</sup> ad date) \_\_\_\_\_ at the following address: \_\_\_\_\_.

If you have any questions, you may call me at: \_\_\_\_\_.

Note: Advertisement to be run: Once a week for two (2) consecutive weeks.



**STORAGE LIEN NOTIFICATION FORM**

**TO (debtor):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

I, \_\_\_\_\_, storage lien holder, have placed a storage lien on the following described titled property:

Year \_\_\_\_\_ Make \_\_\_\_\_

Vehicle (VIN)/Hull (HIN) Identification Number (serial #) \_\_\_\_\_

State and Plate # (if any) \_\_\_\_\_

Which is legally titled in the name(s) of \_\_\_\_\_.

If you wish to claim this property, you must notify me within thirty (30) days after receipt of this notification and pay the total charges due of \$ \_\_\_\_\_.

If you do not claim this property and pay the charges due, this titled property will be advertised for sale and sold by auction at (location of sale) \_\_\_\_\_ on (date of sale) \_\_\_\_\_.

\_\_\_\_\_  
Signature of Lien Holder

\_\_\_\_\_  
Date Signed

**Note: This form is to be sent with a copy of the recorded storage lien by CERTIFIED MAIL RETURN RECEIPT.**

**RELEASE OF STORAGE LIEN FORM**

**SECURED PARTY NAME:** \_\_\_\_\_

**DEBTOR NAME:** \_\_\_\_\_

I, \_\_\_\_\_ (secured party) do hereby certify that a storage lien bearing the date of \_\_\_\_\_ against \_\_\_\_\_ (debtor) and was recorded in the office of the County Clerk of Fremont County on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, under instrument number \_\_\_\_\_ against the following described property:

**YEAR:** \_\_\_\_\_

**VEHICLE/WATERCRAFT/MOBILE HOME MAKE:** \_\_\_\_\_

**VEHICLE (VIN)/HULL (HIN) IDENTIFICATION NUMBER** \_\_\_\_\_

The aforementioned debt is hereby released and discharged.

IN WITNESS THEREOF, I sign this release in the present of a Notary Public.

\_\_\_\_\_  
(Secured Party's Signature) Date: \_\_\_\_\_

STATE OF WYOMING     )  
                                          ) ss  
COUNTY OF FREMONT    )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_.

(seal)

\_\_\_\_\_  
(Notary Public)

My commission expires:

**STORAGE LIEN  
PUBLIC SALE REPORT  
(This is only required IF sold at public sale)**

On \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the following titled property

(vehicle/watercraft/mobile home) was sold to:

Name of Purchaser(s): \_\_\_\_\_ Address of

Purchaser(s): \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ for the amount of \$ \_\_\_\_\_ which was the highest bid out

of (number) \_\_\_\_\_ of bidders.

**YEAR:** \_\_\_\_\_ **MAKE:** \_\_\_\_\_

**VEHICLE (VIN)/HULL (HIN) IDENTIFICATION NUMBER** \_\_\_\_\_

**Sold by:** \_\_\_\_\_ **Seller's Printed Name** \_\_\_\_\_  
(Signature of seller)

**Seller's Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Awarded Bid Amount \$** \_\_\_\_\_

**Storage or Mechanic Amount Due \$** \_\_\_\_\_

**Balance \$** \_\_\_\_\_

**ON THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, 20\_\_\_\_\_, **BEFORE ME** \_\_\_\_\_

**PERSONALLY APPEARED** \_\_\_\_\_.

**(SEAL)**

**NOTARY PUBLIC** \_\_\_\_\_

**MY COMMISSION EXPIRES:** \_\_\_\_\_

.....  
**Reminder:** The additional amount over the lien is to be given to the debtor or previous lien holder should he/she demand so. Properly executed tile shall accompany this Public Sale Report.