Arizona Department of Transportation
Motor Vehicle Division
Central Communications Unit Supervisor
P.O. Box 2100, Mail Drop 554-M
Phoenix, Arizona 85001-2100

RESPONSIBLE PARTY: **VICTIM'S NAME**
VICTIM'S ADDRESS
CITY, STATE ZIP
VICTIM'S TELEPHONE NUMBER

REGARDING:

Defendant: **DEFENDANT'S NAME**

Defendant's Address: **DEFENDANT'S ADDRESS**
CITY, STATE ZIP

Defendant's Date of Birth: **DEFENDANT'S DOB**

Dear Sir or Madam:

Please place a Restitution Lien on the above listed defendant's titled motor vehicle[s].

Victim/Lienholder's Signature
Victim/Lienholder's Printed Name
Lienholder

_____, 20____

Enclosure: 1