



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

#### Writ Of Execution

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:**

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