



Secretary of State VEHICLE TITLE REVOCATION REQUEST

This space for use by
Secretary of State

**Secretary of State
Vehicle Services Department
501 S. Second St., Rm. 014
Springfield, IL 62756
Fax (217) 524-1915
www.cyberdriveillinois.com**

Please print or type

Vehicle Identification Number	Vehicle Make	Vehicle Model	Vehicle Year
Last Name	First Name	Middle Initial	
Last Name	First Name	Middle Initial	
Address	City	State	ZIP Code
Phone Number(s)	Driver's License Number(s)		

Reason for Title Revocation (check one):

- Court Order directing the Secretary of State to specifically revoke the title (signed copy of court order required)
- Title Certificate stolen (copy of police report required)

Each request must include the correct owner(s) and vehicle information, reason for revocation and signature(s) of the registered/titled owner(s). Failure to include this information will prevent the request from being processed. A leased vehicle record must include the lessor's signature. Revocation of the title does not remove your name from that particular vehicle record.

If your vehicle has been recently sold, donated, junked, or has been towed or repossessed, you may not use this form and must complete the Seller's Report of Sale Form. To download, visit www.cyberdriveillinois.com (click Publications, Motorist, Title and Registration).

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief as to such matters the undersigned certifies as foresaid that he verily believes the same to be true. (735 ILCS 5/1-109)

Registered Owner's Signature

Date

Registered Owner's Signature

Date