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## Title Request Form

Banks Name

**Loan Account Number**

Bank **Fax #**

[ qwt 'P co g " Date of Birth

[ qwt Address

Your City State and Zip code

Phone Number

Vehicle ID Number

Please fax all requests to 215-362-6776.

To expedite your request, please follow up with your lien holder to verify they have received our request.

You will receive a phone call as soon as your title arrives.

Thank you,

Fazio Tag Service

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**31 EAST HANCOCK STREET  
LANSDALE, PA 19446-3808**

[www.faziotagservice.com](http://www.faziotagservice.com)  
(215)-362-2547