|  |
| --- |
| YOUR INFO |
| Name |  | | |
| Address |  | | |
| Phone |  | Fax: |  |
| Email |  | | |

|  |
| --- |
| DEBTOR INFO |
| Debtor Name |  | |
| Address |  | |
| City / Town |  | |
| Postal Code |  | |
| Amount Owing |  | |
| Date Incurred: |  | |
|  |
| VEHICLE: |
| Year |  |
| Make |  |
| Model/length |  |
| HIN |  |
| License Number# |  |

Complete this form as much as you can and e-mail to [admin@lien123.ca](mailto:admin@lien123.ca), or fax it to (519)601-6116. Alternatively, you can complete our online application.

Questions? Call us at (519)601-6262.