

Title Recall Request

Dealer: _____ Dealer #: _____

Buyer's name(s): _____

Drop date: _____

Purchase date: _____

Year : _____ Make: _____ VIN: _____

Reason:

Signed: _____ (agt) Date: _____

Email request to: EPCDealerDesk@elpasoco.com or fax request to: 719-520-7796

Allow 24-48 hours for request to be resolved. Title applications that have been processed will not be returned. Submitting request does not guarantee application will be returned before processing.