

# Title Recall Request

(Copy of Drop Sheet Required)

Dealer Name \_\_\_\_\_

Dealer Number \_\_\_\_\_

Buyer's Name(s) \_\_\_\_\_  
\_\_\_\_\_

Drop Date \_\_\_\_\_

Purchase Date \_\_\_\_\_

Year \_\_\_\_\_

Make \_\_\_\_\_

Vin \_\_\_\_\_

## Reason

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Email request to [EPCDealerDesk@elpasoco.com](mailto:EPCDealerDesk@elpasoco.com)

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.