

MASSACHUSETTS MOTOR VEHICLE POWER OF ATTORNEY

Date: _____

I, _____ (Name) , do hereby appoint _____ (Name of Attorney-in-Fact Representative) of _____ as my Attorney-in-Fact to sign my name to all applicable documentation relative to any title or resignation transactions for the vehicle described herein. I understand that these documents may contain the federally mandated odometer disclosure and that I am responsible for the disclosures made therein. This authority is limited to the vehicle listed below:

MAKE: _____	MODEL: _____	BODY TYPE: _____
YEAR: _____	VIN: _____	

Check the appropriate box for each transaction type authorized:	
<input type="checkbox"/> Duplicate Title	<input type="checkbox"/> Transfer of Title
<input type="checkbox"/> Noting of Lien	<input type="checkbox"/> Application for Title and Registration
<input type="checkbox"/> Request for Verification of Ownership on Vehicles Found Abandoned, Immobile or Unattended	<input type="checkbox"/> Other: _____ (Specify)
<input type="checkbox"/> Vehicle Information Request	

The area below is to be completed by the party granting authority:

Individual Business _____ (Business Name)

Signature of Individual or Business Owner _____

Printed Name of Individual or Business Owner _____

Address: _____

Phone Number: _____ Email: _____

TO BE COMPLETED BY NOTARY:	
State of Massachusetts County of _____	
Personally appeared before me, the undersigned authority, _____, with whom I have identified, who acknowledged that the foregoing instrument was executed for the purpose therein contained and I, as duly sworn notary, have verified that they are a legal resident of _____ County, STATE.	
Please check the type of document(s) used for verification below:	
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Military ID
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport
<input type="checkbox"/> State Issued ID	<input type="checkbox"/> Other (Specify)
	_____ (Notary Public)
	My Commission Expires: _____
	Date: _____

