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| <b>TO BE COMPLETED BY COUNTY</b><br>Order Complete (IN/OUT): _____<br>Clerk Initials: _____<br>Customer No.: _____<br>Print Date: _____<br>Replacement Copy No.: _____ |
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Please visit <https://www.iowatreasurers.org/> to locate the address or contact number for your county treasurer's office. If you have a Prorate or Official Government issued title please contact (515) 237-3110.

**APPLICATION FOR REPLACEMENT OF IOWA CERTIFICATE TO TITLE A MOTOR VEHICLE**  
 (To be presented to treasurer of county where original was issued)

|  |      |                       |       |
|--|------|-----------------------|-------|
| To the Treasurer of _____ County               |      |                       |       |
| The Undersigned (Holder of Security Interest)  |      |                       |       |
| Address of the above                           | City | State                 | Zip   |
| Title issued to                                |      |                       |       |
| Address of Owner as shown on Title             | City | State                 | Zip   |
| Certificate of Title number:                   |      | License plate number: |       |
| Reason for Replacement:                        |      |                       |       |
| Vehicle Identification Number (VIN) of Vehicle | Year | Make                  | Model |

The above states that said Certificate of Title has been lost, destroyed, or altered and that said vehicle has not been disposed of or encumbered except as hereinafter set forth, and hereby makes application for a certified replacement copy of such Certificate of Title. The following is a complete statement of all security interests noted upon such lost or destroyed Certificate of Title.

|  |  |       |     |
|--|--|-------|-----|
| Held By:<br><input type="checkbox"/> One (1) Security Interest<br><input type="checkbox"/> Two (2) Security Interest <u>Name:</u><br><input type="checkbox"/> Three (3) Security Interest <u>Name:</u> | Pursuant to Iowa Code section 321.42, the Department or county treasurer is not authorized to refund fees collected for a replacement title. |       |     |
| Address of Second Security Interest Holder   | City   | State | Zip |

Is hereby entitled to receive the replacement certificate of title executed this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

Mailed to: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By the undersigned applicant:

Signature of Owner \_\_\_\_\_ OR \_\_\_\_\_ Security Interest Holder

Or Owners' \_\_\_\_\_ BY \_\_\_\_\_ Must be signed above if Security Interest noted

**REPLACEMENT TITLE FEE: \$25.00**