



Louisiana Department of Public Safety  
 Office of Motor Vehicles  
**Official Report of Stored Vehicle Out-of-State Facilities  
 Owner/Lienholder Request Form (DPSMV4219)**

**Description of Vehicle Being Stored**

Vehicle Identification Number (VIN)						
Year	Make	Model	Body Style	License Plate	State	Expiration Date

General Condition of Vehicle: (Must mark one)	
<input type="checkbox"/>	Running Condition
<input type="checkbox"/>	Not Running
<input type="checkbox"/>	Wrecked
<input type="checkbox"/>	Phone Number of Storage/Repair Facility Only: <input type="text"/>
<input type="checkbox"/>	Fax Number of Storage/Repair Facility Only: <input type="text"/>
<input type="checkbox"/>	Fees: \$10.00 (Check, Cashier's Check, or Money Order) Made Out to "Louisiana Office of Motor Vehicles"

Name of Storage/Repair Facility (Please Print or Type)	Contact Person at Storage/Repair Facility
Mailing Address of Storage/Repair Facility	Physical Address of Storage/Repair Facility
City, State, Zip Code	City, State, Zip Code

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 225-925-6146      [www.expresslane.org](http://www.expresslane.org)