



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF TRANSPORTATION
REGISTRY OF MOTOR VEHICLES



RACHEL KAPRIELIAN
REGISTRAR

P.O. Box 55889
BOSTON, MA 02205
WWW.MASS.GOV/RMV

I-PAY-TAX COMPLAINT FORM

Date: _____

Plate number (If this is a special issue plate, please describe any unique markings):

State of registration: _____

Description of vehicle: _____

Address where vehicle is located (a specific house number is required):

How long has the vehicle been located at this address?: _____

Describe any activity leading you to believe this vehicle is improperly registered:

Please return this form to: Registry of Motor Vehicles
I-PAY-TAX
P.O. Box 55889
Boston, MA 02205
www.mass.gov/rmv

You can also fax this form to 617-351-9212.