



Texas Department of Transportation

VEHICLE TITLES AND REGISTRATION DIVISION • AUSTIN, TEXAS 78779-0001 • (512) 465-7611

December 20, 2000

Registration and Title Bulletin # 116-00

TO: All County Tax Assessor-Collectors
SUBJECT: Acceptance of Alternate Proof of Notification for Statutory Lien Foreclosures

PURPOSE

To provide notification of the acceptance of alternate proof of notification from vehicle storage facility operators and mechanics when the post office loses the return receipt, PS Form 3811, or the unopened certified letters that should have been returned as undeliverable, unclaimed, or no forwarding address.

CURRENT POLICY:

Vehicle storage facility operators and mechanics are required to provide written notification to owner(s) and lienholder(s), before acquiring a storage or mechanic's lien on a motor vehicle. These notifications must be sent by certified mail, return receipt requested, unless certain criteria apply when notice by newspaper publication is applicable.

Proof of these written notifications consist of the U.S. Post Office validated (date stamped) certified mail receipt, PS Form 3800 (**Attachment A**), and return receipt, PS Form 3811 (**Attachment B**), together with any unopened certified letter(s) returned by the post office as undeliverable, unclaimed, or no forwarding address. A copy of the certified mail postal form, PS Form 3877 (**Attachment C**), can be accepted in lieu of the PS Form 3800. The PS Form 3877 must contain a U.S. postal date stamp and the "Article Number" must correspond on all documentation (PS Form 3811, PS Form 3877, and any returned unopened envelopes).

PROBLEM:

The post office, occasionally, loses the return receipt, PS Form 3811, or the unopened certified letters that should have been returned as undeliverable, unclaimed, or no forwarding address. In these instances, the vehicle storage facility operators and mechanics are unable to furnish the required receipt or letters that were undeliverable. To obtain the required proof, the vehicle storage facility operators and mechanics must make re-notification to acquire the necessary documentation.

DETAILS

In July, 2000, the Postal Service implemented a new signature capture process which eliminated manual filing of delivery records for customer inquiry purposes. All delivery records are scanned and stored electronically and include the appropriate signature data collected. For items delivered after this signature capture activation, the postal service uses local Intranet access and can print a "Track/Confirm" screen (**Attachment D**) confirming delivery. For offices without computer access, a Request for Delivery Information/Return Receipt After Mailing, PS Form 3811-A (Rev. 3/2000) (**Attachment E**), can be utilized. Additionally, offices without computer access can route inquiries to a designated postal location that supports electronic inquiries. In some instances, however, the smaller towns may continue utilizing the PS Form 3811-A without using the electronic tracking system.

ACTION

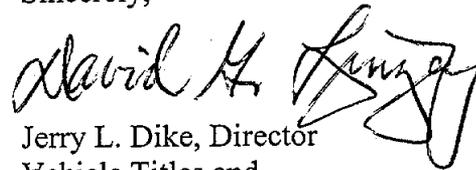
A copy of the PS Form 3811-A or a print-out of the U.S. postal service's electronic track/confirm screen may be accepted in lieu of the PS Form 3811 when the post office loses the return receipt (PS Form 3811), or the unopened certified letters that should have been returned as undeliverable, unclaimed or no forwarding address.

The Vehicle Title Manual will be revised accordingly. The applicable forms, *Mechanic's Lien Foreclosure* (VTR-265-M), *Storage Lien for Abandoned Vehicle or Private Tow* (VTR-265-S) and the *Storage Lien for Licensed Vehicle Storage Facility* (VTR-265-VSF), will be revised upon reorder.

VTR CONTACT PERSONS

If you have any questions concerning this bulletin, please contact your local TxDOT Vehicle Titles and Registration Division Regional Office or the Customer Help Desk at (512) 465-7611. Thank you very much.

Sincerely,



Jerry L. Dike, Director
Vehicle Titles and
Registration Division

for

cc: Motor Carrier Division
Vehicle Storage Facilities

Attachments

Attachment A – PS Form 3800

P 798 455 775



Certified Mail Receipt
 No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

PS Form 3800, June 1990

Sent to	
Street & No.	
P.O., State & ZIP Code	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	\$
Postmark or Date	

Fold at line over top of envelope to the right of the return address

CERTIFIED

P 798 455 775

MAIL

Attachment B – PS Form 3811

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300



Print your name, address and ZIP Code here

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<p>SENDER:</p> <ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered. 		<p>I also wish to receive the following services (for an extra fee):</p> <p>1. <input type="checkbox"/> Addressee's Address</p> <p>2. <input type="checkbox"/> Restricted Delivery</p> <p>Consult postmaster for fee.</p>	
3. Article Addressed to:		4a. Article Number	
5. Signature (Addressee)		4b. Service Type	
6. Signature (Agent)		<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
		7. Date of Delivery	
		8. Addressee's Address (Only if requested and fee is paid)	

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Attachment C - PS Form 3877

Line	Article Number	Name of Addressee, Street, and Post Office Address	Indicate type of mail		Check appropriate block for Registered Mail:		Postmark and Date of Receipt		Res. Del Fee	Remarks											
			<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input type="checkbox"/> With Postal Insurance	<input type="checkbox"/> Without Postal Insurance	Due Sender If COD	R. R. Fee			S. D. Fee	S. H. Fee									
1			<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Int'l Recorded Del.	<input type="checkbox"/> Express Mail														
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
11																					
12																					
13																					
14																					
15																					
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office		Postmaster, Per (Name of Receiving Employee)																	

The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail, sent with optional postal insurance. See *Domestic Mail Manual* (DMM), S913, and S921 for limitations of coverage on insured and COD mail. See *International Mail Manual* for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.

Form Must Be Completed by Typewriter, Ink, or Ball Point Pen

Direct Query - Intranet

Attachment D
Track/Confirm - Intranet Item Inquiry



Track/Confirm - Intranet Item Inquiry - Domestic

Item: P622 0344 23
Destination: Zip: 79105 City: AMARILLO State: TX
Origin: Zip: City: State:

Event	Date	Time	Location
DELIVERED	08/10/2000	07:25	AMARILLO TX 79105

[Request Delivery Record](#)
[View Delivery Signature](#)
[View Delivery Address](#)

Enter Item Number:

Go to the Product Tracking System Home Page.

Delivery Section

A. M. Yee

SAMPLE TRACKED
TRACK/CONFIRM

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

A. M. LOE
123 ANY STREET
AMARILLO TEXAS 79105

4a. Article Number
P622084423

- 4b. Service Type
- Registered Insured
 - Certified COD
 - Express Mail Return Receipt for Merchandise

7. Date of Delivery *10 AUG 2000*

5. Signature (Addressee)
A. M. Loe

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

Thank you for using Return Receipt Service.

Attachment E – PS Form 3811-A

United States Postal Service

Request for Delivery Information/Return Receipt After Mailing

INSTRUCTIONS FOR USE:

Accepting Office

1. *Internal Use Only.* Help the customer complete Section 2 of this form and carefully compare it to the customer's receipt. Complete the shaded portions in Section 1.
2. Collect fees if required.
3. Select ONE of the following three options:
 - A. If the item was mailed to an office not participating in the new signature capture process (refer to POM Section 6:9), regardless of the date of mailing, send this entire form, with Sections 1 and 2 completed, to the delivery office.
 - B. If the item was mailed before the start of the new signature capture process, send this entire form, with Sections 1 and 2 completed, to the delivery office.
 - C. If the item was mailed after the start of the new signature capture process, choose one of the following two options:
 - If the office has Intranet access, use Intranet to generate the request, then discard the form.
 - If the office does not have Intranet access, send this entire form, with Sections 1 and 2 completed, to a designated inquiry location.

Delivery Office - Use Only for Manually Filed Delivery Record Inquiries (3A or 3B checked above)

1. If the fee is not attached or the form is not postmarked to show that the fee was paid at the time of the mailing, return this form to the accepting office.
2. Complete the shaded items in Section 3 below. Enter the delivery information or indicate the reason for no information.
3. After completion, detach and insert the bottom portion of this document in an envelope addressed to the requestor and deposit it in the mailstream. Discard the remaining portion.

Section 1	<div style="border: 1px solid black; padding: 5px;"> Accepting Office: Postmark if Return Receipt fee was paid at time of mailing. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Return Receipt fee WAS paid at time of mailing. (Customer has provided receipt. Postmark where indicated at left.) <input type="checkbox"/> Return Receipt fee WAS NOT paid at time of mailing. (Attach fee below.) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Accepting Office City/State/ZIP Code: _____ </div>
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Delivery Office/Manual Inquiries: Detach at dotted line and return bottom portion to customer when inquiry is resolved - discard remainder of form. Electronic Inquiries: Generate request from intranet and discard the entire form.

Section 2	A. TYPE OF SERVICE <input type="checkbox"/> Certified <input type="checkbox"/> Numbered Insured <input type="checkbox"/> COO <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	C. ARTICLE INFORMATION Article Number: _____ Mailing Date (mm/dd/yyyy): _____
	B. ARTICLE ADDRESSED TO Addressee Name: _____ Addressee Address: _____ (No., Street, Apt. Ste. No.) (City, State, ZIP Code)	D. REQUESTOR Requestor Name: _____ Requestor Address: _____ (No., Street, Apt./Ste. No.) (City, State, ZIP Code) FAX Number (Complete ONLY if an electronic inquiry - include area code): _____
Section 3	For Delivery Office Use Only Please records show no delivery information because:	
	<input type="checkbox"/> Record not found <input type="checkbox"/> Forwarded (date) _____ <input type="checkbox"/> Returned (date) _____	Delivered to the following individual, company, or organization: _____ Delivery Date: _____ Delivery Address (if different from address in Section 2B): _____
		Delivery Office Postmark: _____