

I, _____ request that the following vehicle be certified as an abandoned vehicle and ownership transferred to me,

Year	Make	Model	Color	Odometer Reading			
				<input type="checkbox"/> Miles <input type="checkbox"/> Kilometers			
VIN						Has the VIN been removed, destroyed, or altered <input type="checkbox"/> Yes <input type="checkbox"/> No	
Registered? <input type="checkbox"/> Yes <input type="checkbox"/> No	State	Plate #	Expiration	Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No	State	Sticker #	Expiration
Physical location of the abandoned vehicle							

Abandoned Motor Vehicle (23 V.S.A. § 2151)

(i) a motor vehicle that has remained on public or private property or on or along a highway for more than 48 hours without the consent of the owner or person in control of the property and has a valid registration plate or public vehicle identification number that has not been removed, destroyed, or altered; or

(ii) a motor vehicle that has remained on public or private property or on or along a highway without the consent of the owner or person in control of the property for any period of time if the vehicle does not have a valid registration plate or the public vehicle identification number has been removed, destroyed, or altered.

- Was the vehicle towed from **Private Property**? Yes No If YES, Requested by: _____
- Was the Vehicle towed from **Public Property**? Yes No
- If towed from **public property**, did it meet the definition of abandoned vehicle as described above prior to being towed? Yes No

Towing Info: Date Towed: _____ Location: _____

Requested By: Police Agency _____ Police Report # _____ (see note)

I hereby request \$40.00 reimbursement for towing an abandoned motor vehicle from public property. Yes (see note)

NOTE: If requesting reimbursement Police Report Number is required and you must submit a current copy of your Taxpayer Identification Number and Certification, IRS Form W-9.

You must include a letter providing the following information:

1. When and how you came into possession of the vehicle.
2. Name and address of owner.
3. Have you attempted to contact the owner?
4. If yes, how and when?

I certify the above information is true to the best of my knowledge under penalty of 23 V.S.A. §202, § 2083 and §2082.

Signature of Applicant/Agent

Date

Telephone Number

Mailing Address (Street, No., or Box #)

Driver's License Number

Date of Birth

City/Town

State

Zip Code

Federal ID #

CONTINUED ON REVERSE SIDE

A. To Be Completed by A Vermont Law Enforcement Officer, Personnel Employed by A Law Enforcement Unit (Who Are Under the Direct Supervision of a Law Enforcement Officer), Or by Any Authorized Department of Motor Vehicles Employee:

Date of Examination: _____
MM/DD/YYYY

Location of Examination (City): _____

Odometer Reading: _____ Miles Kilometers Hours

Vehicle Identification Number: _____

Year: _____ Make: _____ Model: _____

I attest I have been certified to visually verify Vehicle Identification Numbers. I certify the statements herein are true. This declaration is made under penalties of 23 VSA §202 and §203.

I have visually examined the vehicle described hereon and hereby certify that the Vehicle Identification Number and odometer reading are as stated and show no signs of alteration.

Signature: _____ Print Name: _____

Agency or Police Dept.: _____

Phone #: _____ Rank: _____ Badge #: _____

☞ THIS VERIFICATION IS VOID IF ALTERED OR TAMPERED WITH IN ANY MANNER ☞

RETURN TO: Department of Motor Vehicles
Attn: Abandoned Vehicles
120 State Street
Montpelier, VT 05603-0001

B. To be Completed by An Authorized Motor Vehicle Employee:

Title Number: _____

Lienholder: _____ No Record

The vehicle bearing Vehicle Identification Number _____

was checked against NCIC on _____ and was / was not listed as stolen.

Out of state title/lienholder information was / was not requested from the State of _____

Title # _____ Lienholder _____

DMV Employee Name (Please Print)

Date