

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: (I) the vehicle does not have a valid registration plate or the public vehicle identification number has been removed, destroyed, or altered; or (II) a law enforcement officer has requested that the vehicle be removed by a towing business.

- 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 a \$125.00 reimbursement for towing an abandoned motor vehicle from public property. Yes No

NOTE: If requesting reimbursement, you must provide a Police Report Number and submit a 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 hereby affirm, under penalty of perjury of the laws of the State of Vermont, that the information on this form is true and correct. This declaration made under penalties of 23 V.S.A. § 202 & § 4110.

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 THE NEXT PAGE

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), Licensed Dealer, Inspection Station Designated by the Commissioner of Motor Vehicles 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 that I have been certified to verify Vehicle Identification Numbers visually. I certify that 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