



SANDERS COUNTY JUNK VEHICLE PROGRAM

PO BOX 519 / 1111 MAIN STREET

THOMPSON FALLS, MT 59873

(406) 827-6961

RELEASE OF OWNERSHIP OR INTEREST IN MOTOR VEHICLE

VEHICLE INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

LICENSE PLATE NUMBER: _____ LICENSE PLATE STATE: _____

VIN NUMBER: _____ TITLE NUMBER: _____

VEHICLE HAS: (CIRCLE ALL THAT APPLY)

AIR CONDITIONING: COMPLETE & INTACT UNHOOKED, BROKEN, NOT INTACT

CAR: ENGINE FRAME DIFFERENTIAL TRANS TIRES BODY PARTS ONLY

TRUCK: ENGINE FRAME DIFFERENTIAL TRANS TIRES CAB BOX PARTS ONLY

Vehicle Location (address): (give directions, attach map if hard to locate)

Vehicle Owner Name: _____ Phone _____

Property Owner Name: _____ Phone _____

READ BEFORE SIGNING:

The undersigned, being the legal or registered owner of, or having a legal interest in the vehicle described above, hereby authorizes a duly appointed agent of the Sanders County Vehicle Recycling and Disposal Program to remove the vehicle herein listed to an approved motor vehicle graveyard. In consideration of the foregoing removal, I hereby release all rights, title, and interest in the vehicle to the State of Montana and its agents, without payment or compensation. To the best of my knowledge there is no lien of record against the vehicle, and if I possess a certificate of title or Sheriff's certificate of sale for the vehicle I will staple it to this form. I agree to hold the State of Montana, the County of Sanders, and its agents harmless from any claims that may result from the release and removal of the vehicle by the program. I understand that upon release of this vehicle to the Vehicle Recycling and Disposal Program, there is no towing charge to me.

******NOTICE******

ALL GARBAGE, WOOD, PAPER, NON-VEHICLE MATERIAL AND EXTRA TIRES (A TOTAL OF FIVE TIRES ON RIMS MAY ACCOMPANY THE VEHICLE) MUST BE REMOVED FROM THE VEHICLE PRIOR TO REMOVAL BY THE HAULER.

HAULER HAS THE RIGHT TO REFUSE ANY VEHICLE THAT HAS NOT BEEN CLEANED OUT!

~VEHICLE HAS BEEN CLEANED OUT AND IS READY FOR REMOVAL~

PRINTED NAME _____ SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

REGISTRATION CHECK RESULT: _____ DATE: _____ INITIALS: _____ JV DIRECTOR INITIALS: _____

LOADED MILES: _____ GRAVEYARD AND CAR # _____