



SANDERS COUNTY JUNK VEHICLE PROGRAM

PO BOX 519 / 1111 MAIN ST., THOMPSON FALLS, MT 59873

406-827-6961 FAX 406-827-4388

RELEASE OF OWNERSHIP OR INTEREST IN MOTOR VEHICLE

YEAR: _____ Make: _____ Model: _____ COLOR: _____ STATE OF PLATE: _____

LICENSE PLATE # _____ VIN # _____ TITLE # _____

VEHICLE HAS: CIRCLE ALL THE APPLY

AIR CONDITIONING: COMPLETE & INTACT UNHOOKED BROKEN NOT INTACT

CAR: ENGINE FRAME DIFFERENTIAL TRANS TIRES BODY PARTS ONLY

TRUCK: ENGINE FRAME DIFFERENTIAL TRANS TIRES BODY PARTS ONLY

VEHICLE OWNER : _____ PHONE _____

PROPERTY OWNER: _____ PHONE _____

VEHICLE LOCATION (ADDRESS): (Give directions or attach map if hard to locate)

READ BEFORE SIGNING:

The undersigned, being the legal or registered owner of, or having a legal interest in the vehicle described above, hereby authorizes 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 the vehicle to the Vehicle Recycling and Disposal Program, there is not towing charge to me.

PLEASE ATTACH VEHICLE TITLE AND / OR REGISTRATION TO THIS FORM IF AVAILABLE

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

ALL GARBAGE, WOOD, PAPER, NO-VEHICLE MATERIAL AND EXTRA TIRES MUST BE REMOVED FROM THE VEHICLE PRIOR TO REMOVAL BY THE HAULER

(A TOTAL OF FIVE TIRES ON RIMS MAY ACCOMPANY THE VEHICLE)

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

*** VEHICLE HAS BEEN CLEANED OUT AND READY FOR REMOVAL ***

PRINTED NAME _____ SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

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

LOADED MILES _____ GRAVEYARD & CAR # _____