



DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

120 State Street
Montpelier, Vermont 05603-0001
802.828.2000
dmv.vermont.gov

REQUEST FOR ABANDONED MOTOR VEHICLE CERTIFICATION

I, _____ request that the following vehicle:

Name of Applicant/Company

____	____	____	____	____	____
Year	Make	Model	Color	VIN	

Was the vehicle identification number removed, destroyed or altered? ___YES ___NO

miles
 kilo. be certified as an abandoned vehicle and ownership transferred to me.

Odometer reading (check one)

Physical Location of Abandoned Vehicle: _____

Registered: No _____ Yes _____ State: _____ Plate #: _____ Expiration: _____

Inspection Sticker: Number: _____ Expiration: _____ State: _____

➤ **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? ___YES ___NO
If YES, how and when? _____

Effective July 1, 2004 A towing service may be eligible for a \$40.00 reimbursement for abandoned vehicles towed from **PUBLIC PROPERTY**. A specific amount has been allocated for this fund and reimbursement will cease when funds from this account have been exhausted.

§ Abandoned Motor Vehicle as defined: - VSA 2151

(a)(f) For the purposes of this subchapter, an abandoned motor vehicle means:

- A. 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 more than **48 hours**, and has a valid registration or public vehicle identification number which has not been removed, destroyed or altered: or
- B. A motor vehicle that has remained on public or private property 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 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 # _____

I hereby request \$40.00 reimbursement for towing an abandoned motor vehicle from public property. ___ Yes

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:

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MM/DD/YYYY

Location of Examination (City): _____

Odometer Reading: _____ Miles Kilometers Hours

Vehicle Identification Number: _____

Year:

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 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
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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