



State of Vermont
 DEPARTMENT OF MOTOR VEHICLES
 120 State Street
 Montpelier, Vermont 05603-0001
 dm.v.vermont.gov

[phone] 802-828-2000
 [fax] 802-828-2098
 [ttd] 800-253-0191

Agency of Transportation

REQUEST FOR ABANDONED MOTOR VEHICLE CERTIFICATION

I, _____ request that the following vehicle:
 Name of Applicant/Company

Year (YYYY) _____ 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)

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 #) Federal ID #

 City/Town State Zip Code

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: _____
M M / D D / Y Y Y Y

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: _____ Rank: _____ Badge #: _____

Agency or Police Dept.: _____

Phone #: _____ VT Officer Cert. #: _____

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

