

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 Police Report Number is required, and you must 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 certify that 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 THE 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), 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