

MISSOULA CITY-COUNTY HEALTH DEPARTMENT JUNK VEHICLE PROGRAM 301 WEST ALDER MISSOULA, MONTANA 59802-4123

(406) 258-3372 OR (406) 258-4755 FAX # (406) 258-4781

RELEASE OF OWNERSHIP OR INTEREST IN MOTOR VEHICLE

<u>VEHICL</u>	E INFORM	<u>/IATION:</u>								
YEAR: MAKE:			MODEL: CO			OLOR:	DLOR:			
LICENSE PLATE NUMBER: LICENSE PLATE STATE:									_	
VIN/SER N	NUMBER:_		TITLE NUMBER:					_		
<u>VEHICL</u>	E HAS :(C	CIRCLE A	LL THAT APPLY	<u>(1)</u>						
CAR:	ENGINE	FRAME	DIFFERENTIAL	TRANS	TIRES	В	ODY	PARTS ONLY		
TRUCK:	ENGINE	FRAME	DIFFERENTIAL	TRANS	TIRES	CAB	BOX	PARTS ONLY		
AIR CON	DITIONING	G: COMPLET	E AND INTACT OR U	NHOOKED, BI	ROKEN OR C	THERW	ISE NOT	INTACT		
VEHICLE	LOCATIO	N: (Give dire	ections and attach a map	if hard to locate	e)					
VEHICLE OWNER NAME:Phone:								Phone:		
READ TI The undersig agent of the l an approved State of Mon	IIS BEFO gned, being the Missoula Cou motor vehicle atana and its a	RE SIGNI e legal or regis nty Vehicle R e graveyard. I gents without	WHERE VEHIC NG: Stered owner of, or have ecycling and Disposal in consideration of the payment or compensate eriff's certificate of sale	ing a legal inte Program to rer foregoing rem ion. To the be	erest in the ve move the veh noval, I hereb st of my know	hicle des icle here y release wledge t	scribed ab in listed to e all rights here is no	ove, hereby authoriz o a motor vehicle wr s, title, and interest i lien of record again	zes a duly appointed ecking facility or to in the vehicle to the st the vehicle, and I	
agents harml	less from any	claims that ma	ay result from the releat the Vehicle Recycling	se and remova	l of the vehic	cle by the	e program	n. I understand that		
PLE.	ASE ATTA	ACH VEH	ICLE TITLE AN	D/OR REG	<u>ISTRATI</u>	ON TO	O THIS	FORM IF AVA	<u>AILABLE</u>	
1 1 -	checking this recycling.	box, the unde	rsigned hereby request	s that the vehi	cle(s) herein	describ	ed be disp	posed of only by cru	shing	
			ge, wood, paper, he program. <u>Haul</u>							
VEHICLE HAS BEEN CLEANED OUT ANS IS READY FOR REMOVAL										
PRINTED N	IAME:		SIGNAT	URE:]	DATE:		
				or Office Use						
Vehicle	Number	D	ate of Pickup:	Na	me of Haule	r:		Total Cha	rge:	