



RELEASE OF OWNERSHIP OR INTEREST IN MOTOR VEHICLE
VEHICLE INFORMATION

YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

LICENSE PLATE NUMBER: _____ LICENSE PLATE STATE: _____

VIN/SER NUMBER: _____ TITLE NUMBER: _____

VEHICLE HAS: (CIRCLE ALL THAT APPLY)

Air conditioning- circle one: (complete and intact) or (unhooked, broken or otherwise not intact)

CAR: ENGINE FRAME DIFFERENTIAL TRANS TIRES BODY PARTS ONLY

TRUCK: ENGINE FRAME DIFFERENTIAL TRANS TIRES CAB BOX PARTS ONLY

Vehicle Location (Address): (give directions, attach map if hard to locate): _____

Vehicle Owner Name: _____ Phone: _____

Property Owner Name: _____ Phone: _____

READ BEFORE SIGNING:

The undersigned, being the legal or registered owner of the vehicle described above, hereby authorizes a duly appointed agent of the Missoula 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. I agree to hold the State of Montana, the County of Missoula, 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 this vehicle to a towing operator of the Vehicle Recycling and Disposal Program, there is no towing charge to me.

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

By checking this box, the undersigned hereby requests that the vehicle herein described be disposed of only by crushing and recycling.

*****NOTICE ***** All garbage, wood, paper, non-vehicle material and extra tires must be removed from the vehicle prior to removal by the program. Hauler has the right to refuse any vehicle that has not been cleaned out.

VEHICLE HAS BEEN CLEANED OUT AND IS READY FOR REMOVAL

PRINTED NAME: _____ SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

Vehicle Number _____ Date of Pickup _____ Name of Hauler _____ Total Charge _____