

VEHICLE STICKER # _____

RELEASE OF OWNERSHIP OR INTEREST IN MOTOR VEHICLE
(JUNK VEHICLE)

LEWIS & CLARK COUNTY JUNK VEHICLE RECYCLING PROGRAM
1930 9th Avenue
HELENA MT 59601

Telephone: (406) 447-8351
Fax: (406) 457-8990

The undersigned, being the legal owner of, or having a legal interest in the vehicle described below, hereby authorizes a duly appointed agent of the County Junk Vehicle Program to remove this vehicle to the county motor vehicle graveyard or crushing facility. In the 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 this vehicle. I agree to hold the State of Montana, the County 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 contracted 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

Year _____ Make _____ Model _____
Color: _____ License Plate # _____ State _____
V.I.N.# _____ Title # _____ State _____
Vehicle location: _____

VEHICLE PARTS INFORMATION

This vehicle has (circle the appropriate answers):

Motor Frame Differential Transmission Body Air
Fluids Drained? Y N Freon? Y N

PLEASE TAKE NOTE OF THE FOLLOWING REQUIREMENTS:

1. All loose vehicle parts must be inside the vehicle. We will not pick up parts lying around the vehicle.
2. Do not fill out this form if you do not own or have an interest in this vehicle.
3. We **cannot** pick up vehicles with garbage, excess tires, or wire inside. Garbage includes household trash, burn barrel residues, similar waste materials, scrap rebar, fence wire, etc.
4. No more than 5 tires (including the tires on the vehicle) per junk vehicle.

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

Name (Must be legible) _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____

I have read and understand all of the above and agree to have all materials mentioned above removed from the junk vehicle before it is picked up.

SIGNATURE: _____ **Date:** _____

HAULER SIGNATURE _____ **Date:** _____

STATEMENT OF TRANSFER

(For use by county & recycling facility only)

The county employee must sign this form. I/we certify that the ownership of the vehicle described on the front of this form has been transferred to:

COUNTY

Transferred From (Vehicle Owner): _____

Name of county employee receiving vehicle: _____

Signature of county employee releasing vehicle: _____

Date released: _____

The recycling facility representative must sign this form. I/we certify that the ownership of the vehicle described on the front of this form has been transferred to:

RECYCLING FACILITY

Date received: _____

Recycling Facility: _____

Address of Recycling Facility: _____

Name of employee receiving vehicle: _____

Signature of employee receiving vehicle at the recycling facility: _____

Please Draw a Map to the Location of the Vehicle