



### AUTOMOBILE DISPOSAL FORM

*Please complete all information.*

CONTACT INFORMATION	
NAME:	ADDRESS:
PHONE:	CITY STATE ZIP

VEHICLE INFORMATION	
MAKE:	COLOR:
MODEL:	LICENSE PLATE:
YEAR:	VIN:

VEHICLE OWNERSHIP <i>(Select One)</i>	
<input type="checkbox"/> NO OWNERSHIP PAPERWORK AVAILABLE	
<input type="checkbox"/> TITLE OR CURRENT DMV PAPERWORK PROVING OWNERSHIP (ATTACHED)	
SIGNATURE OF OWNER AUTHORIZING DISPOSAL	DATE
PRINTED NAME OF OWNER	

TRANSPORTER INFORMATION	
NAME OF TRANSPORTER	BUSINESS NAME (IF APPLICABLE)
SIGNATURE	DATE

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