

Motor Vehicle Release Form
Ravalli County Environmental Health
215 South 4th – Suite D; Hamilton, MT 59840; (406)375-6565; FAX (406)375-6566

Section 1. Applicant Information

1. Applicant Information:

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____ (daytime)

2. Vehicle Information:

Year: _____ Make: _____ Model: _____
Color: _____ Vehicle Identification Number: _____
License Plate Number: _____ Year: _____ State: _____
Title Number: _____ State: _____

3. Vehicle Parts Information (circle all that apply):

Motor Frame Differential Transmission Body

Component Parts (describe): _____

4. Vehicle Location:

Address: _____

(If the location of the car cannot be located with an address, please draw a map on the back of this form.)

5. I hereby certify that the following vehicle fluids have been removed from the junk vehicle (please check):

Motor Oil Transmission Fluid Anti-freeze
 Gasoline Brake Fluid

6. I hereby certify that there is no garbage or other debris in the vehicle: (please check)

7. I understand that the vehicle must be readily accessible for towing.

8. Waiver: I, the undersigned, being the legal owner of, or having a legal interest in the vehicle described above, hereby authorize a duly appointed agent of the Ravalli County Junk Vehicle Program to remove this vehicle to an approved county motor vehicle graveyard. 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 against this vehicle, and I do not possess a certificate of title or Sheriff's certificate of sale for this vehicle. I agree to hold the State of Montana, the County, and its agents harmless from any claims that may result from the foregoing release and removal of this vehicle. I understand that upon release of this vehicle to the towing operator of the Junk Vehicle Program, there is no towing charge to me.

(Applicant's Signature)

Date: _____

Section 2. Office Use Only

1. Name of Hauler: _____
2. Date of pickup and delivery: _____
3. Vehicle Number: _____