



Ravalli County Environmental Health  
 215 South 4<sup>th</sup> Street – Suite D  
 Hamilton, MT 59840  
 Phone: (406) 375-6565  
 Fax: (406) 375-6566

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

**RAVALLI COUNTY JUNK VEHICLE RECYCLING PROGRAM**

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 Ravalli 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.# \_\_\_\_\_

Vehicle location: \_\_\_\_\_

**VEHICLE PARTS INFORMATION**

**(check all that apply)**: Motor    Frame    Differential    Transmission    Body    Air

Component parts: \_\_\_\_\_

**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 \_\_\_\_\_ Email \_\_\_\_\_

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:

## RAVALLI COUNTY

Transferred From (Vehicle Owner):

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Name of county employee receiving vehicle:

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Signature of county employee releasing vehicle:

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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:

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Address of Recycling Facility:

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Name of employee receiving vehicle:

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Signature of employee receiving vehicle at the recycling facility:

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