### ROSEBUD COUNTY

#### RELEASE OF OWNERSHIP OR INTEREST IN MOTOR VEHICLE

**VEHICLE INFORMATION**

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
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<tr>
<th>Model</th>
<th>Color</th>
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<tr>
<th>V.I.N.</th>
<th>License Plate #</th>
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<thead>
<tr>
<th>Title #</th>
<th>Year</th>
<th>State</th>
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**VEHICLE PARTS INFORMATION**

This vehicle has (circle the appropriate answers):

- Motor
- Frame
- Differential
- Transmission
- Body
- AC

Component Parts (Describe) ____________________________________________

**VEHICLE LOCATION**

This vehicle is located at: (Give Directions. Use back if necessary).

_____________________________________________________________________________________________

________________________

**READ THIS BEFORE SIGNING**

The undersigned, being the legal owner of, or having a legal interest in the vehicle described above, hereby authorizes a duly appointed agent of the Rosebud County Junk Vehicle Program to remove this vehicle to an approved county 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 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, Rosebud County, and its agents harmless from any claims that may result from the foregoing release and removal of this vehicle. I understand upon release of this vehicle to the towing operator of the Rosebud County Junk Vehicle Program, there is no towing charge to me.

(PLEASE PRINT)

Name of Responsible Party _________________________________ Telephone ____________________________

Address ____________________________________

Date _________________________________________________________________________________________

Signed _________________________________________ Witness _______________________________________

(Optional but recommended)

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Do not write below this line

Date of pick up and delivery ________________ Vehicle # ________________________________

- AIR CONDITIONER UNIT WITH FREON MUST BE STACKED SEPARATE AC ______________
- AIR CONDITIONER UNIT WITH NO FREON ACN ______________
- AIR CONDITIONER UNIT DISMANTLED NO FREON ACD ______________