

STATE OF MAINE
ABANDONED VEHICLE RELEASE STATEMENT
Division of Title Services

FROM:

TO:

INSURANCE COMPANY

INDEPENDENT ENTITY

MAILING ADDRESS

MAILING ADDRESS

CITY ST ZIP

CITY ST ZIP

STOCK# _____ CLAIM# _____ DATE _____

YEAR MAKE MODEL VIN

We have made every attempt to obtain a Title or Power of Attorney with no success.
Please dispose of this vehicle. We have no interest in the above stated vehicle.
Under the authority of 29-A M.R.S.A. §1851 (7) we authorize the independent
entity listed above to release this vehicle to the vehicle's owner(s).

Please print/type the last known owner and lien holder below:

Owner(s) Name(s):

Owner Address

Phone # ()

Lien Holder

Lien Holder Address

Authorized Signature Printed Name

Phone# ()

Contact Please print or type