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

MVT-24
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101 Hospital Street, 29 State House Station, Augusta, ME 04333-002
207 624-9000 Ext. 52138 FAX: 207-624-9239 TTY: Call Maine Relay 711