

For Junk Vehicles, please return to:

District Sanitarian's Office  
207 W Bell  
Glendive, MT 59330  
(406) 377-5772

**JUNK VEHICLE AUTHORIZATION AND RELEASE FORM**

Please check either A or B. If option B is checked, submit this form to the appropriate law enforcement agency.

(A) **JUNK VEHICLE** \_\_\_\_ I, or we, the **legal owner(s)** of the junk motor vehicle described below, hereby authorize only a duly appointed agent for Dawson, Prairie, or Wibaux County to pick up and remove said motor vehicle, without payment or other compensation. I understand the definition of a junk vehicle as it is legally defined.

(B) **ABANDONED VEHICLE** \_\_\_\_ I, or we, the **legal property owner(s)** of the site where the abandoned motor vehicle described below has been deserted, hereby authorize a law enforcement agency to pick up and remove said motor vehicle, without payment or other compensation.

I release to (check one) \_\_\_\_ Dawson, \_\_\_\_ Prairie, \_\_\_\_ Wibaux County all right, title and interest to this motor vehicle. It is further agreed that I, or we, will hold the State of Montana, the County and its agents harmless from any claims that may result from the removal of the vehicle. It is further agreed that if I or we, have not notified the legal owner(s) of the motor vehicle is removed, the matter will be between the legal property owner and the legal owner of the vehicle.

I understand that all fluids and gasoline must be removed from the vehicle. I understand the vehicle may not be towed if it has more than 5 tires and or has trash on the inside of the vehicle.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed: \_\_\_\_\_  
(Print name): \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

**VEHICLE DESCRIPTION:**

Color \_\_\_\_\_ License No. (if available) \_\_\_\_\_  
Make \_\_\_\_\_ State \_\_\_\_\_  
Year \_\_\_\_\_ VIN # \_\_\_\_\_

**LOCATION OF VEHICLE:** \_\_\_\_\_

**PLEASE DRAW A SIMPLE MAP ON BACK TO FACILITATE PICK UP**

\*\*\*\*\*Office Use Only\*\*\*\*\*

Name of Hauler \_\_\_\_\_ Date of pick-up and delivery \_\_\_\_\_  
Air Conditioning/Freon Status Verification \_\_\_\_\_ Graveyard Vehicle # \_\_\_\_\_