



# Georgia Department of Revenue - Motor Vehicle Division Notice of an Abandoned Vehicle and Request for Information



ANY CORRECTION OR ALTERATION WILL VOID THIS FORM

**Purpose of this form:** This form is used to notify the Georgia Department of Revenue - Motor Vehicle Division of a vehicle that is or will be abandoned and to request the names and addresses of all owners, lessors, lessees, security interest holders and lienholders of such vehicle.

**Completing this form:** This form must be completed in its entirety, legibly printed in blue or black ink or typed.

**Section A:** Complete the towing and storage company removing or storing vehicle information.

**Section B:** Record the vehicle's information.

**Section C:** Certify that the vehicle is an abandoned vehicle and request the name and address of all owners of such vehicle.

**How to submit this form:** This form must be submitted along with required fee to DOR/Motor Vehicle Division, Attn: Research/Abandoned Vehicles, P.O. Box 740381, Atlanta, Georgia 30374-0381 or to the county tag office in the county where the vehicle is stored.

**Fee:** \$2.00 Research Fee for printout of tag, title and lien information per abandoned vehicle.

<b>A COMPANY REMOVING OR STORING VEHICLE</b>	
Company Removing/Storing Vehicle: <input type="checkbox"/> Towing Company <input type="checkbox"/> Storage Company <input type="checkbox"/> Repair Facility <input type="checkbox"/> Salvage Dealer	
Company Name:	<input type="text"/> <input type="checkbox"/> USDOT No. or <input type="text"/> <input type="checkbox"/> State Sales Tax No.:
Mailing Address:	<input type="text"/> Street No. <input type="text"/> Street Name <input type="text"/> Apt/Suite No.
City:	<input type="text"/> State: <input type="text"/> ZIP Code: <input type="text"/> Telephone No.: <input type="text"/>
E-mail Address:	<input type="text"/>
<b>B VEHICLE INFORMATION</b>	
Vehicle Identification No. (VIN):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year:	<input type="text"/> Make: <input type="text"/> Model: <input type="text"/>
License Plate (Tag) No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State of Issuance: <input type="text"/>
Vehicle's Current Location:	<input type="text"/> Street No. <input type="text"/> Street Name <input type="text"/> Apt/Suite No.
City:	<input type="text"/> State: <input type="text"/> ZIP Code: <input type="text"/> County: <input type="text"/>
Date Vehicle Was Removed:	<input type="text"/> / <input type="text"/> / <input type="text"/> At the Request of: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Private Property Owner
Law Enforcement Official's or Private Property Owner's Name:	<input type="text"/> Telephone No.: <input type="text"/>
Removal Location:	<input type="text"/> Street No. <input type="text"/> Street Name <input type="text"/> Apt/Suite No.
City:	<input type="text"/> State: <input type="text"/> ZIP Code: <input type="text"/> County: <input type="text"/>
<b>C NOTIFICATION OF AN ABANDONED VEHICLE / REQUEST FOR INFORMATION</b>	
I do solemnly swear or affirm that the vehicle described herein was an unattended vehicle removed at the request of a peace officer or private property owner and in compliance with the Abandoned Motor Vehicle Act (O.C.G.A. § 40-11-11 et seq.). This form is being filed to request the names and addresses of all owners, lessors, lessees, security interest holders and lienholders of such unattended vehicle for the purpose of complying with O.C.G.A. § 40-11-15 or § 40-11-16.	
Printed Name of Authorized Representative:	<input type="text"/>
Signature of Authorized Representative:	<input type="text"/> Date: <input type="text"/> / <input type="text"/> / <input type="text"/>