

For Department Use Only

Date Received: _____ AVA #: _____

Fees Required: Yes / No Receipt # _____

Calaveras County Code Compliance Unit

Government Center 891 Mountain Ranch Road San Andreas, CA 95249

Phone # (209) 754-6326 Fax # (209) 754-6328

ABANDONED VEHICLE ABATEMENT REQUEST FORM

Vehicle Information

Address & City or Location of Vehicle: _____

Vehicle Description: Year: _____ Make: _____

Model: _____ Body Type: _____ Color: _____

License Plate # _____ Vehicle ID (VIN) # _____

Owner's Name: _____ Phone # _____

Owner's Mailing Address: _____

PUT ANY ADDITIONAL VEHICLES ON THE REVERSE OF THIS FORM.

Requestor Information

Requestor's Name: _____ Phone # _____

Mailing Address: _____

Requestor's Signature: _____ Date: _____

As the requestor, do these vehicles belong to you? Yes: _____ No: _____

Are these vehicles located on property owned by you? Yes: _____ No: _____

If No, what is the Property Owner's Name? _____

Address: _____