| OFFICE USE ONLY | |
|---|---|
| Received | |
| Returned | |

**State Of Tennessee**
**Department Of Revenue**
**Taxpayer and Vehicle Services Division**
**44 Vantage Way, Suite 160**
**Nashville, TN 37243-8050**
**Phone: (615)741-3101 Fax: (615)253-4259**
**Toll-Free: (888)871-3171**

# REQUEST FOR VERIFICATION OF OWNERSHIP: VEHICLES FOUND ABANDONED/IMMOBILE OR UNATTENDED

Note: A fee of $1.00 must be submitted with this form

## PART A: REQUESTING PARTY AND VEHICLE INFORMATION

Company Name _____ ( ) Telephone Number

Applicant's Name _____

Street Address _____

Mailing Address – If different from street address _____

City _____ State _____ Zip _____

Date Storage Began: _____ *(Attach Copy of Law Enforcement Towing Form; if not available, attach explanation.)*

| YEAR | MAKE | MODEL | VEHICLE IDENTIFICATION NUMBER | LICENSE PLATE | STATE |
|---|---|---|---|---|---|
| | | | | | |

****MUST FURNISH VERIFICATION OF VEHICLE IDENTIFICATION NUMBER WITH THIS REQUEST****

**If available, please list the vehicle's plate number and state of issue.**

***Tennessee Code Annotated, Section 55-16-105 et seq.:*** *A TENNESSEE LAW ENFORCEMENT AGENCY shall verify ownership information through the Tennessee Enforcement System(TIES) for processing by the police agency or any towing company contracting with the police agency. Any response not on file with the TIES system and queries made by persons other than a police agency or towing firm shall be referred to the Tennessee Department of Revenue, Taxpayer and Vehicle Services Division. All lienholders and owners must be notified by certified mail, return receipt requested, within fifteen (15) days from receiving possession of such vehicle.*

TAXPAYER AND VEHICLE SERVICES USE ONLY

FOR NCIC USE ONLY

***NOTE: Per Tenn. Code Ann. § 55-16-102, persons failing to submit notification within (10) days after the termination of the thirty (30) day period forfeit all claims for storage or parking of such vehicle and commit a Class C misdemeanor. Each day's FAILURE to report is a separate offense.***

**Signature** "I certify that all information is true and correct" _____ **Date** _____

Notice of thirty (30) day storage must be made by completing PART B on the reverse side. Submit this form to the Taxpayer and Vehicle Services Division of the Tennessee Department of Revenue by U.S. mail at the address indicated above. For faster service, you may fax Part B of this form to (615) 253-4259.

## REQUEST FOR VERIFICATION OF OWNERSHIP: VEHICLES FOUND ABANDONED/IMMOBILE OR UNATTENDED

PART B: REPORT OF MOTOR VEHICLE STORED FOR A PERIOD OF MORE THAN THIRTY (30) DAYS

| YEAR | MAKE | MODEL | VEHICLE IDENTIFICATION NUMBER | LICENSE PLATE | STATE |
|---|---|---|---|---|---|
| | | | | | |

****MUST FURNISH VERIFICATION OF VEHICLE IDENTIFICATION NUMBER WITH THIS REQUEST****

**If available, please list the vehicle's plate number and state of issue.**

***NOTE:*** *If a vehicle has been stored, parked or left in a garage, trailer park, or any type of storage or parking lot for a period of more than thirty (30) consecutive days, the owner of such garage, trailer park or lot shall report in writing the make and vehicle identification number of such motor vehicle to the Department of Revenue on this form. Failure to submit this PART B within (10) days after the termination of the first (30) thirty days of storage is a Class C misdemeanor.* ***Each day's failure to report is a separate offense.*** *Additionally, any person who fails to submit this report shall forfeit all claims for storage or parking of the vehicle.*

Per Tenn. Code Ann. § 55-16-101(a), please be advised that the above referenced vehicle has been stored, parked, or left in the storage lot of our company for a period of time more than thirty (30) consecutive days as of _____.

**Under penalties of law, I certify and attest that all information and statements made herein are true and correct.**

| _____ | _____ | _____ |
|---|---|---|
| **Signature** | **Witness of Certification** | **Date** |

Company Name: _____ Address/City/State/Zip: _____