



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**BOARD OF TOWNSHIP TRUSTEES
JUNK MOTOR VEHICLE AFFIDAVIT**
Section 505.871 of the Ohio Revised Code (R.C.)

The purpose of the affidavit is to facilitate the disposal or removal of any junk motor vehicle (as defined in R.C. section 505.173) from private property within a township's unincorporated territory and issuance of a salvage certificate of title for the removed/disposed junk motor vehicle.

BOARD OF TOWNSHIP TRUSTEES		
STREET ADDRESS	P.O. BOX	COUNTY
CITY	STATE	ZIP CODE
FISCAL OFFICER'S NAME		TELEPHONE #

VEHICLE INFORMATION *The owner's information as identified from the search of the records of the Bureau of Motor Vehicles (BMV)*

OWNER'S NAME ON TITLE	OWNER'S ADDRESS		
LIENHOLDER'S NAME ON TITLE <i>(if applicable)</i>	LIENHOLDER'S ADDRESS		
VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	MODEL
Is this a Replica Motor Vehicle? ☐ Yes ☐ No - If yes, provide:	YEAR	MAKE	MODEL

A junk motor vehicle shall meet the criteria as set forth in section 505.173 of the R.C.

PHYSICAL DESCRIPTION OF JUNK MOTOR VEHICLE
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The vehicle must be unclaimed for fifteen days or more before a notice is sent by certified mail with a return receipt requested.

DATE CERTIFIED MAIL SENT	DATE OF RECEIPT OR SERVICE
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LAND INFORMATION

Pursuant to 505.871 of the R.C., the board shall serve notice by certified mail of its intention to remove or cause the removal of the motor vehicle. If the owner of land fails to remove the vehicle within fourteen days after service of the notice, the board may remove or cause the removal of the vehicle.

LAND OWNER'S NAME	LAND OWNER'S ADDRESS
LIENHOLDER'S NAME ON RECORD OF THE LAND <i>(if applicable)</i>	LIENHOLDER'S ADDRESS
DATE CERTIFIED MAIL SENT	DATE OF RECEIPT OR SERVICE

REMOVAL / DISPOSAL INFORMATION

DATE OF VEHICLE REMOVAL / DISPOSAL	METHOD OF REMOVAL / DISPOSAL
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THE SALVAGE CERTIFICATE OF TITLE SHALL BE ISSUED IN THE NAME OF:

NOTE: The board of township trustees must be entered into a contract with a motor vehicle salvage dealer or scrap metal processing facility.

MOTOR VEHICLE SALVAGE DEALER OR SCRAP METAL PROCESSING FACILITY		
STREET ADDRESS	P.O. BOX	COUNTY
CITY	STATE	ZIP CODE
MOTOR VEHICLE SALVAGE DEALER PERMIT # OR SCRAP METAL PROCESSING FACILITY REGISTRATION #		TELEPHONE #

By completing this form, I am hereby affirming that ALL of the requirements of R.C. section 505.871 and the notice and records search required of R.C. section 4505.101 have been met. I also am affirming that all the information contained on this form is true and accurate to the best of my knowledge and belief. I understand that providing false information may constitute a criminal offense of falsification under R.C. 2921.13, a misdemeanor of the first degree.

SIGNATURE OF FISCAL OFFICER X	DATE OF APPLICATION
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Notary:

Sworn to and subscribed in my presence this _____ day of _____, 20 ____ in _____ County,

State of _____.

(Notary Seal)

X _____ My commission expires _____
Signature of Notary Public or other Authorized Officer by law