

DEPARTMENT OF TRANSPORTATION (WYDOT)
MOTOR VEHICLE SERVICES (MVS)
5300 BISHOP BLVD., CHEYENNE, WY 82009-3340
307-777-4710

ABANDONED VEHICLE IDENTIFICATION REQUEST
\$5.00 SEARCH FEE REQUIRED

THIS DOCUMENT REPRESENTS ONLY A TITLE AND LIEN SEARCH BY WYDOT.
THIS IS NOT AUTHORIZATION FOR ISSUANCE OF A TITLE.

THE FOLLOWING DESCRIBED VEHICLE HAS BEEN ABANDONED ON MY PRIVATE PROPERTY OR TOWED BY MY COMPANY, AND LEFT IN EXCESS OF 30 CONSECUTIVE DAYS. I UNDERSTAND WYOMING STATUTE 31-13-109 CAN ONLY BE USED WHEN A VEHICLE IS ABANDONED WITHOUT THE CONSENT OF THE OWNER OR PERSON IN LAWFUL CONTROL OF THE PROPERTY, OR LEFT FOR REPAIRS AND NOT CLAIMED 30 DAYS AFTER THE DATE AGREED UPON BY BOTH PARTIES. I UNDERSTAND VEHICLES PURCHASED WITHOUT CLEAR TITLE AND VEHICLES LEFT WITH CONSENT CANNOT BE PROCESSED, AS THERE IS NO PROVISION FOR EXPIRATION OF CONSENT. I UNDERSTAND THE DEPARTMENT IS VESTED ONLY WITH THE RESPONSIBILITY OF MAKING REASONABLE EFFORTS TO IDENTIFY THE VEHICLE'S OWNER AND ANY LIEN HOLDER OF RECORD AND FORWARD THE INFORMATION OBTAINED.

MAKE: _____ MODEL: _____ YEAR: _____ VIN: _____

COLOR: _____ LICENSE PLATE NO: _____ STATE: _____ LICENSE YEAR: _____

IF TRANSPORTABLE HOME PLEASE GIVE DESCRIPTION: _____

NAME OF PROPERTY OWNER WHERE VEHICLE WAS ABANDONED OR TOWING COMPANY REQUESTING THIS SEARCH.

DATE VEHICLE WAS ABANDONED OR TOWED. _____ PHONE # OF PROPERTY OWNER OR TOWING CO. _____

COMPLETE ADDRESS WHERE VEHICLE WAS ABANDONED.

PROPERTY OWNER OR TOWING CO. MAILING ADDRESS.

DESCRIBE HOW AND WHY THE VEHICLE CAME INTO YOUR POSSESSION – Attach a separate sheet if necessary.

SIGNATURE OF PROPERTY OWNER OR TOWING CO. – I certify under penalties of law, that the above information is correct.

IF VEHICLE WAS MOVED TO ANOTHER LOCATION, PLEASE COMPLETE BELOW:

NAME AND ADDRESS OF PERSON WHO REMOVED VEHICLE _____ DATE AND TIME OF REMOVAL _____

COMPLETE ADDRESS WHERE VEHICLE IS CURRENTLY LOCATED _____

** FOR DEPARTMENT USE ONLY **

OWNER AND/OR LIEN HOLDER IDENTIFICATION INFORMATION

OWNER: _____

LIEN HOLDER: _____

ADDITIONAL INFORMATION: _____

INFORMATION DETERMINED BY: () NCIC () TITLE AND REGISTRATION CHECK () NO RECORD

DEPARTMENT SIGNATURE AND DATE: _____