

TOWN OF KENT

ABANDONED MOTOR VEHICLE APPLICATION FORM

APPLICANT NAME: _____

ADDRESS/VEHICLE LOCATION _____

PHONE #: _____ APPLICATION DATE: _____

VEHICLE MAKE / YEAR _____ VEHICLE MODEL: _____

VIN# _____ COLOR _____

REASON FOR VEHICLE BEING ABANDONED: _____

ESTIMATED TIME PERIOD TILL VEHICLE IS OPERABLE AND REGISTERED (NOT TO EXCEED 90 DAYS): _____

I agree that if said repairs have not been made to the above vehicle and said vehicle is not operable and registered by the end of the permit period, I will terminate open storage of the vehicle within the Town of Kent. I also agree that I will give the Town of Kent and its designees a license to enter upon the above premises for the purpose of inspection and removal of the vehicle from the premises following the expiration of the permit if at such time said vehicle is an abandoned vehicle as defined in section 70-2 of the Kent Town Code.

Applicant Name (print)

Applicant Signature

Date

FOR OFFICIAL USE ONLY

Approved: _____

Disapproved: _____

Reason for Disapproval: _____

Official Signature: _____

Date: _____

Permit Expiration Date: _____

A COPY OF THIS APPLICATION TO BE FORWARDED TO THE POLICE DEPARTMENT