

## Non-Use of Vehicle

<b>Owner Information</b>								
Last Name			First Name		Middle Initial			
Legal Address								
City			State		ZIP			
Mailing Address								
City			State		ZIP			
Date of Birth			Driver License Number					
<b>Vehicle Information</b>								
Make			Model		Year			
Vehicle Identification Number (VIN)			Plate Number					
<b>Period Of Non-Use</b>								
<input type="checkbox"/> Vehicle is not being operated by the owner and the owner shall not permit any other person to operate the vehicle during the following time period.			<b>Cannot Exceed 12 Months</b>					
			From			To		
			Month	Day	Year	Month	Day	Year
<i>I certify, under penalty of perjury, that the above statements are true and accurate to the best of my knowledge.</i>								
Signature					Date			

**NOTE: This affidavit must be completed annually.**

Please return this form to the County Clerk in the county of your permanent residence.