

For Department Use Only

Date Received: \_\_\_\_\_ AVA #: \_\_\_\_\_  
Fees Required: Yes / No Receipt # \_\_\_\_\_

## Calaveras County Code Compliance Unit

Government Center 891 Mountain Ranch Road San Andreas, CA 95249

Phone # (209) 754-6326 Fax # (209) 754-6328

### ABANDONED VEHICLE ABATEMENT REQUEST FORM

#### Vehicle Information

Address & City or Location of Vehicle: \_\_\_\_\_  
\_\_\_\_\_

Vehicle Description: Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Body Type: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate # \_\_\_\_\_ Vehicle ID (VIN) # \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

**PUT ANY ADDITIONAL VEHICLES ON THE REVERSE OF THIS FORM.**

#### Requestor Information

Requestor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the requestor, do these vehicles belong to you? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are these vehicles located on property owned by you? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If No, what is the Property Owner's Name? \_\_\_\_\_

Address: \_\_\_\_\_