



**Statement of Facts for Vehicles
Valued at \$500 or Less Removed
by a Public Agency for Reasons
Other Than Abandonment CVC 22851.8**

LIEN SALE UNIT
P.O. BOX 932317
SACRAMENTO, CA
94232-3170

The vehicle described below has a current market value of \$500 or less and I/we, the lienholder, have disposed of the vehicle in the following manner to satisfy a possessory lien against that vehicle.

Lienholder	NAME OF LIENHOLDER		DAYTIME TELEPHONE NUMBER ()
	BUSINESS ADDRESS (STREET ADDRESS)		
	CITY	STATE	ZIP CODE
Vehicle Description	LICENSE PLATE NUMBER	MAKE OF VEHICLE	VEHICLE IDENTIFICATION NUMBER
	ENGINE NUMBER (MOTORCYCLE ONLY)		
Authority to Dispose of Vehicle (CHECK ONE)	The authority to dispose of this vehicle is based on: <input type="checkbox"/> A properly executed Declaration of Opposition was not received. <input type="checkbox"/> DMV authorized disposition after a Declaration of Opposition was received, but a REG 659 (form attached) was also received, stating the lienholder was unable to effect court service. <input type="checkbox"/> No vehicle record on the DMV database, no interested party. <input type="checkbox"/> A court judgment in the lienholder's favor. <i>(Copy attached.)</i> <input type="checkbox"/> A Release of Interest from the person who opposed the disposal. <i>(Original release attached.)</i>		
Vehicle Disposed To	<input type="checkbox"/> Licensed Dismantler <input type="checkbox"/> Scrap Iron Processor		
Name/Address of Dismantler or Processor	PRINT TRUE FULL NAME		DAYTIME TELEPHONE NUMBER ()
	STREET ADDRESS		
	CITY	STATE	ZIP CODE
Payment	I/we, the lienholder received the monetary amount of \$ _____ for the above described vehicle.		
Certification	I agree to indemnify and save harmless the Director of Motor Vehicles, State of California, and subsequent purchasers of said vehicle, for any loss they may suffer from disposing the above described vehicle.		
	LIENHOLDER (NAME)		DAYTIME TELEPHONE NUMBER ()
	TRUE FULL NAME (PRINT)		
	STREET ADDRESS		
	CITY	STATE	ZIP CODE
	AGENT ACTING FOR LIENHOLDER (NAME)	REGISTRATION SERVICE NO.	DAYTIME TELEPHONE NO. ()
	BUSINESS ADDRESS (STREET ADDRESS)		
	CITY	STATE	ZIP CODE
<i>I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i>			
DATE	SIGNATURE OF LIENHOLDER OR AGENT ACTING AS LIENHOLDER X		



Statement of Facts for Vehicles Valued at \$500 or Less Removed by a Public Agency CVC 22851.3

LIEN SALE UNIT
P.O. BOX 932317
SACRAMENTO, CA
94232-3170

The vehicle described below has a current market value of \$500 or less and I/we, the lienholder or agency, have mailed notification to the known interested parties identified below to satisfy a possessory lien against the vehicle.

Lienholder	NAME OF LIENHOLDER		DAYTIME TELEPHONE NUMBER ()			
	BUSINESS ADDRESS (STREET ADDRESS)					
	CITY		STATE	ZIP CODE		
Vehicle Description	LICENSE PLATE NUMBER	MAKE OF VEHICLE	VEHICLE IDENTIFICATION NUMBER			
	ENGINE NUMBER (MOTORCYCLE ONLY)					
Authority to Dispose of Vehicle	The authority to dispose of this vehicle is based on removal from public streets pursuant to CVC 22669 on this date, _____ at the order of:					
	PUBLIC AGENCY		DAYTIME TELEPHONE NUMBER ()			
	STREET ADDRESS		CITY	STATE	ZIP CODE	
Name/Address Where Notification #1 Was Sent	PRINT TRUE FULL NAME		DAYTIME TELEPHONE NUMBER ()			
	STREET ADDRESS		CITY	STATE	ZIP CODE	
Type of Notification for #1	<input type="checkbox"/> CERTIFIED MAIL (Agency or lienholder) Receipt # _____ <input type="checkbox"/> FIRST CLASS MAIL (Agency only) <input type="checkbox"/> DMV or CLETS printout attached. <input type="checkbox"/> DMV or CLETS printout not attached.					
	The person(s) notified above was identified from DMV or CLETS records and information provided by the public agency.					
Name/Address Where Notification #2 Was Sent	PRINT TRUE FULL NAME		DAYTIME TELEPHONE NUMBER ()			
	STREET ADDRESS		CITY	STATE	ZIP CODE	
Type of Notification for #2	<input type="checkbox"/> CERTIFIED MAIL (Agency or lienholder) Receipt # _____ <input type="checkbox"/> FIRST CLASS MAIL (Agency only) <input type="checkbox"/> DMV or CLETS printout attached. <input type="checkbox"/> DMV or CLETS printout not attached.					
	The person(s) notified above was identified from DMV or CLETS records and information provided by the public agency.					
Certification	I agree to indemnify and save harmless the Director of Motor Vehicles, State of California, and subsequent purchasers of said vehicle, for any loss they may suffer from disposing the above described vehicle.					
	NAME OF LIENHOLDER		DAYTIME TELEPHONE NUMBER ()			
	TRUE FULL NAME (PRINT)					
	STREET ADDRESS		CITY	STATE	ZIP CODE	
	AGENT ACTING FOR LIENHOLDER (NAME)		REGISTRATION SERVICE NO.	DAYTIME TELEPHONE NO. ()		
	BUSINESS ADDRESS (STREET ADDRESS)		CITY	STATE	ZIP CODE	
	I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
DATE		SIGNATURE OF LIENHOLDER OR AGENT ACTING AS LIENHOLDER X				