



NOTICE OF INTENT TO DISPOSE OF A VEHICLE 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

This is to notify you that I intend to dispose of the vehicle to a licensed dismantler or a scrap iron processor 15 days from the date of this notice unless you take one of the following actions:

1. Pay my bill and reclaim the vehicle within **10 days** from the date of this notice. However, California registered vehicles may have prior year fees and penalties due. These fees and penalties are not a part of the lien. You may wish to contact your local DMV for an estimate of the fees.
2. **Stop my action to dispose of the vehicle by immediately completing the Declaration of Opposition below and returning this notice to me, the lienholder, in the enclosed envelope.** Make a copy of this form for your records.
3. **Disregard this notice if you no longer own or want this vehicle so I can dispose of it.** You may be held liable for my cost of removal and disposition of this vehicle if you are the last owner of record and have failed to complete and file a Notice of Transfer and Release of Liability (REG 138) with DMV prior to receipt of this notice.

VEHICLE DESCRIPTION	LICENSE NUMBER	STATE REGISTERED	LICENSE EXPIRATION DATE	VEHICLE IDENTIFICATION NUMBER		NAME AND ADDRESS OF REGISTERED OWNER(S)	
	MAKE	YEAR MODEL	BODY TYPE	ENGINE NUMBER (MOTORCYCLES ONLY)			
INFORMATION ABOUT THE SALE	DATE VEHICLE CAME INTO MY POSSESSION		DATE NOTICE MAILED		DATE OF INTENDED DISPOSAL	NAME AND ADDRESS OF LEGAL OWNER(S)	
	NOTE: Storage fees may continue to accrue at the rate designated. As of this date, _____, the amount and basis for my lien and outstanding parking violation bail is:						
	STORAGE TO DATE	AT RATE OF	TOWING	PARKING VIOLATION CVC #22851.1	COST TO PROCESS DISPOSAL (\$70 MAXIMUM)		
	\$ _____	\$ _____ per day	\$ _____	\$ _____	\$ _____		
CERTIFICATION	LIENHOLDER NAME				DAYTIME TELEPHONE NUMBER ()		NAME AND ADDRESS OF INTERESTED PARTIES
	TRUE FULL NAME						
	STREET ADDRESS			CITY	STATE	ZIP CODE	
	AGENT ACTING FOR LIENHOLDER (NAME)			REGISTRATION SERVICE NUMBER	DAYTIME TELEPHONE NUMBER ()		
	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 further certify that I have no information or belief that there is a valid defense to the claim which gives rise to the lien.</i>						
	DATE		SIGNATURE OF LIENHOLDER OR AGENT ACTING AS LIENHOLDER X				
DECLARATION OF OPPOSITION	<i>Do not dispose of the above described vehicle because I wish to contest the claim. I understand you may file an action in court and if a judgment is given in your favor, I may be liable for court costs. The address where I may be served or notified in person of any court action is:</i>						
	TRUE FULL NAME (PRINT)				DAYTIME TELEPHONE NUMBER ()		
	STREET ADDRESS			CITY	STATE	ZIP CODE	
	MAILING ADDRESS (IF DIFFERENT FROM ABOVE)						
	<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 DECLARANT X				
IF YOU WISH TO STOP THE SALE OF THIS VEHICLE, COMPLETE AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE WITHIN 10 DAYS FROM THE DATE OF THIS NOTICE. <i>This Declaration of Opposition will not be valid unless you have signed, given your true full name and a valid address. If the lienholder is unable to serve you with a court action, the lienholder will be allowed to continue with the disposal of the vehicle.</i>							

Note to the Lienholder:
*This notice is to be sent to the registered owner, legal owner, and any other person known to have an interest in this vehicle.
Send by certified mail, return receipt requested, or U.S. Postal Service Certificate of Mailing, at least 15 working days prior to the intended disposal date.*



**NOTICE OF INTENT TO DISPOSE OF A VEHICLE VALUED AT \$500 OR LESS
REMOVED BY A PUBLIC AGENCY
CVC §22669**

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

This is to notify you that the vehicle described below was removed, pursuant to California Vehicle Code (CVC) §22669, from a public street at the order of the public agency identified below. I intend to dispose of the vehicle to a licensed dismantler or a scrap iron processor 15 days from the date of this notice unless you take one of the following actions:

1. Pay my bill and reclaim the vehicle within **10 days** from the date of this notice. However, California registered vehicles may have prior year fees and penalties due. These fees and penalties are not a part of the lien. You may wish to contact your local DMV for an estimate of the fees.
2. **Stop my action to dispose of the vehicle** by **immediately** requesting a hearing before the public agency that removed or caused the removal of the vehicle. The request may be made in person, in writing or by telephone within 10 days from the date of this notice. (If you request a hearing and you disagree with the decision of the public agency, the decision may be reviewed pursuant to Government Code §11523. The vehicle cannot be disposed of during this time.)
3. **Disregard this notice if you no longer own or want this vehicle so I can dispose of it.** You may be held liable for my cost of removal and disposition of this vehicle if you are the last owner of record and have failed to complete and file a Notice of Transfer and Release of Liability (REG 138) with DMV prior to receipt of this notice.

PUBLIC AGENCY	PUBLIC AGENCY NAME				NAME AND ADDRESS OF REGISTERED OWNER(S)		
	STREET ADDRESS						
	CITY	STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER ()			
VEHICLE DESCRIPTION	LICENSE NUMBER	STATE REGISTERED	LICENSE EXPIRATION DATE	VEHICLE IDENTIFICATION NUMBER		NAME AND ADDRESS OF LEGAL OWNER(S)	
	MAKE	YEAR MODEL	BODY TYPE	ENGINE NUMBER (MOTORCYCLES ONLY)			
INFORMATION ABOUT THE LIEN	DATE VEHICLE CAME INTO MY POSSESSION		DATE NOTICE MAILED		DATE OF INTENDED DISPOSAL	NAME AND ADDRESS OF INTERESTED PARTIES	
	NOTE: Storage fees may continue to accrue at the rate designated. As of this date, _____, the amount and basis for my lien and outstanding parking violation bail is:						
	STORAGE TO DATE \$	AT RATE OF \$ per day	TOWING \$	PARKING VIOLATION CVC #22851.1 \$	COST TO PROCESS DISPOSAL (\$70 MAXIMUM) \$		
WHERE VEHICLE IS STORED	LIENHOLDER (NAME)					NAME AND ADDRESS OF INTERESTED PARTIES	
	STREET ADDRESS						
	CITY	STATE	ZIP CODE	DAYTIME TELEPHONE NUMBER ()			
CERTIFICATION	LIENHOLDER (NAME)				DAYTIME TELEPHONE NUMBER ()		
	TRUE FULL NAME (PRINT)						
	STREET ADDRESS		CITY	STATE	ZIP CODE		
	AGENT ACTING FOR LIENHOLDER (NAME)			REGISTRATION SERVICE NUMBER	DAYTIME TELEPHONE NUMBER ()		
	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. I further certify that I have no information or belief that there is a valid defense to the claim which gives rise to the lien.						
DATE			SIGNATURE OF LIENHOLDER OR AGENT ACTING AS LIENHOLDER X				

Note to the Lienholder:
This notice is to be sent to the registered owner, legal owner, and any other person known to have an interest in this vehicle.

Send by certified mail, return receipt requested, or U.S. Postal Service Certificate of Mailing at least 15 working days prior to the intended disposal date.