|                                                                |                 |                  |                                                                        | 1. DATE (YYYYMMDD)            |
|----------------------------------------------------------------|-----------------|------------------|------------------------------------------------------------------------|-------------------------------|
| NC                                                             | TICE OF VEHIC   | LE IMPOUNDM      | ENT                                                                    |                               |
| 2. TO                                                          |                 |                  | 3. FROM                                                                |                               |
|                                                                |                 |                  | med installation has directed the ing in violation of the installation | •                             |
| 3. VEHICLE IDENTIFICATION                                      |                 |                  | 4. LOCATION FROM WHICH VEHICLE WAS REMOVED                             |                               |
| a. DATE REMOVED (YYYYMMDD)                                     | b. YEAR         |                  |                                                                        |                               |
| c. MAKE                                                        | d. MODEL        |                  |                                                                        |                               |
| e. VEHICLE IDENTIFICATION<br>NUMBER                            | f. DECAL NUMBER |                  | 5. LOCATION WHERE VEHICLE IS STORED                                    |                               |
| g. VEHICLE LICENSE                                             |                 |                  |                                                                        |                               |
| (1) NUMBER                                                     | (2) STATE       | (3) YEAR         |                                                                        |                               |
| 6. YOU MAY DO ONE OF THE FO                                    | DLLOWING:       |                  | OR                                                                     |                               |
| a. Notify the Installation Law Enforcement Office listed       |                 |                  | b. Sign the waiver of interest/release on the back and                 |                               |
| below of your intent to reclaim. You must show intent to       |                 |                  | return it within 15 days of rece                                       | eipt of this notice to the    |
| reclaim the vehicle within 15 days after receipt of the notice |                 |                  | Installation Law Enforcement certificate if in your possessio          | Office (include the ownership |
| (1) INSTALLATION LAW ENFORCEN                                  | IENT OFFICE     | (2) INSTALLATION | │<br>N LAW ENFORCEMENT OFFICE ADDR                                     | FSS                           |
| TELEPHONE NUMBER                                               |                 | (Z) INGTALLATION | VEAW ENI GROEINEN GITTOL ADDIC                                         |                               |
|                                                                |                 |                  | nstitute a waiver of interest in the efense Material Disposition Manu  |                               |
| 7. AUTHORIZING OFFICIAL                                        |                 |                  |                                                                        |                               |
| a. TYPED NAME (Last, First, Middle Initial)                    |                 |                  | b. SIGNATURE                                                           |                               |

| WAIVER OF INT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EREST/RELEASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 8. VEHICLE OWNER CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
| <ul> <li>I certify that I am the owner of the vehicle listed in Item 3.</li> <li>I hereby relinquish all right, title, and interest to said vehicle now stored at location listed in Item 5, and expressly waive time and other limitations imposed by law and regulation in the disposition of such property.</li> <li>I expressly warrant that there is no lien, mortgage, or other encumbrance on the property herein abandoned as evidenced by the enclosed certificate of title and owner's registration as listed in Item 3 (if applicable), except as noted below.</li> </ul> | <ul> <li>I agree to hold and save the United States and any of its instrumentalities, officers, or employees harmless from any claim or assertion that may arise with regard to the disposition of the vehicle.</li> <li>The lienholder(s) listed below has/have (has not/have not) given consent to this disposition of the property by signature below.</li> <li>I understand that after the execution of this instrument I am entitled to no further notice of any action or proceeding involving disposition of the property.</li> </ul> |                                       |
| a. SIGNATURE OF VEHICLE OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | b. DATE SIGNED (YYYYMMDD)             |
| 9. THE FOLLOWING LIENS, MORTGAGES, OR ENCUMBRANCES E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EXIST ON THE VEHICLE LIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TED IN ITEM 3.                        |
| a. FIRST LIEN, MORTAGE, OR ENCUMBRANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
| (1) NAME OF LIENHOLDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (2) ADDRESS OF LIENHOLDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | R (Street, City, State, and ZIP Code) |
| (3) AMOUNT OF LIEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |
| b. SECOND LIEN, MORTAGE, OR ENCUMBRANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |
| (1) NAME OF LIENHOLDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (2) ADDRESS OF LIENHOLDER (Street, City, State, and ZIP Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| (3) AMOUNT OF LIEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
| 10. LIENHOLDER CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |
| I certify that as lienholder of said property, I consent to its dis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | sposition in the manner set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | forth above.                          |
| a. SIGNATURE OF LIENHOLDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | b. DATE SIGNED (YYYYMMDD)             |
| 11. NOTARY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
| Acknowledged before me by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |

Signature of Notary