

Motor Vehicle Surrender Form

Owner 5 De	rians .		
I,			, being the owner of motor vehicle,
Registration i	number: Of ((address)	
Phone no	Ema	ail:	
Surrender the motor vehicle detailed below and authorise Woollahra Council to remove the vehicle, for no fee payable by me, and to dispose of the vehicle as Council sees fit. I make no further claim against this vehicle.			
Make:		Model:	
Colour:		VIN Chassis No.:	
Please forward copies of registration papers along with this form. If you have any further enquiries in this matter please contact Councils Regulatory Inspector on 9362 0555.			
Signature [Declaration		
Name:(Please print)			
Signature			Date
Name:(Please print)			
Witness Sign	ature:		Date:
Privacy and	d conditions of use		
For more information about Privacy & Personal Information Policy: www.woollahra.nsw.gov.au/privacy .			
Lodgemen	t details		
Mail to:	Woollahra Municipal Council PO Box 61 Double Bay 1360	In person:	Council Chambers 536 New South Head Road Double Bay NSW 2028
Email:	records@woollahra.nsw.gov.au	Telephone:	(02) 9391 7000