

Skagit County Public Health
 700 South 2nd Street, #301
 Mount Vernon, WA 98273
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EH@co.skagit.wa.us



Fee: _____	Receipt #: _____
# JVAs paid _____	Received by: _____
HEALTH DEPT. USE ONLY	Date: _____

REQUEST FOR JUNK VEHICLE AFFIDAVIT INSPECTION

A fee is assessed per current Schedule of Charges for each Junk Vehicle Affidavit inspection requested by the applicant.

I will pay by: cash check credit card person & phone number for credit card information _____

A junk vehicle must meet three of the following conditions:

- Must be at least 3 years old
- Must be extensively damaged
- Must be apparently inoperable
- Must have fair market value equal to scrap of the vehicle

PROPERTY ADDRESS (of vehicle location): _____

JUNK VEHICLE INFORMATION:

Make	License Plate	Model	VIN number	Year

How did vehicle come to be on this property? (please check)

- Illegally dumped / found on property
- Left by tenant or beyond approved time
- On property when purchased
- Deceased relative
- Other _____
- Purchased but never transferred title: (Must contact your local law enforcement)

In order to process a Junk Vehicle Affidavit the identity and condition of the vehicle must be verified by staff.

Vehicles must be accessible to staff in order to determine condition and identity.

Junk Vehicle Affidavits are only issued to legal property owners where the vehicles are located or their duly charged representative. I affirm that I am authorized to request a Junk Vehicle Affidavit on this property. By requesting this Junk Vehicle Affidavit, I give Skagit County Public Health staff permission to enter my property in order to investigate and process this Junk Vehicle Affidavit request. ALLOW APPROXIMATELY 2 WEEKS FOR REVIEW.

Applicant Signature: _____ **Date:** _____

Name (print): _____ Mailing Address: _____

Phone Number: _____ Email: _____

FOR HEALTH DEPT. USE ONLY

JVA mailed date: _____ JVA hand delivered date: _____ JVA picked up date: _____