



OHIO DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES

**UNCLAIMED MOTOR VEHICLE AFFIDAVIT**  
Section 4505.101 of the Ohio Revised Code (R.C.)

**VEHICLE VALUE:** Must be less than \$3500 to use this affidavit.

Wholesale Value (as provided in a vehicle valuation guide recognized by the motor vehicle industry)	(A) \$
Estimated cost of repairs to restore vehicle to wholesale value	(B) \$
Cost of agreed upon repairs	(C) \$
<b>VEHICLE VALUE</b> (amount paid to the clerk)	(A) - (B) - (C) = \$

A search of the records of the Bureau of Motor Vehicles has been made to identify any owner or lienholder. **(REQUIRED)**

VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	MODEL
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EXACT BUSINESS NAME			
BUSINESS STREET ADDRESS		P.O. BOX	COUNTY
CITY		STATE	ZIP CODE
BUSINESS OWNER / AUTHORIZED AGENT NAME		BUSINESS TELEPHONE	ALTERNATIVE TELEPHONE

**CHECK ONE BOX IN SECTION A OR B AND COMPLETE REQUIRED INFORMATION**

**SECTION A for Repair Garage / Place of Storage** (with an agreement)

<input type="checkbox"/> Repair garage with a repair agreement	<input type="checkbox"/> Place of Storage with a storage agreement
DATE CERTIFIED MAIL SENT	DATE OF COMPLETED REPAIR / TERM OF STORAGE

**SECTION B for Towing Service / Storage Facility under authority of section R.C. 4513.601**

(must include copies of notices and certified returned mail receipts)

<input type="checkbox"/> Towing Service that removed the vehicle under division (B) of section R.C. 4513.601.	<input type="checkbox"/> Storage Facility where a for-hire motor carrier delivered a motor vehicle under section R.C. 4513.601.
DATE OF REMOVAL	DATE OF 1ST NOTICE (within 5 business days of removal date)
DATE OF 2ND NOTICE (30 days after 1st notice)	DATE OF 3RD NOTICE (45 days after 1st notice)

**Unless otherwise specified, days are equal to calendar days.**

By completing this form, I am hereby affirming that **ALL of the requirements** of R.C. Section 4505.101 and / or 4513.601 have been met. I also am affirming that all the information contained on this form is true and accurate to the best of my knowledge and belief. I understand that providing false information may constitute a criminal offense of falsification under R.C. 2921.13, a misdemeanor of the first degree.

SIGNATURE OF BUSINESS OWNER / AUTHORIZED AGENT <b>X</b>	DATE OF APPLICATION
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**NOTARY**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in the county of \_\_\_\_\_ State of Ohio.

(SEAL)

My commission expires \_\_\_\_\_ **X** \_\_\_\_\_  
SIGNATURE

**Additional documentation may be required upon request of the Clerk of Courts.**