

**SPARTANBURG COUNTY AUDITORS OFFICE
366 N CHURCH ST STE 200
SPARTANBURG SC 29303
(864)596-2600 FAX (864)596-3446**

AFFIDAVIT OF MOTOR VEHICLE DISPOSITION

State of South Carolina

County of _____

Name of owner(s) _____

Address _____

Make _____ Model _____ Year _____ Body Style _____

VIN # _____ Tag # _____

Personally appeared before me, stating that the identified owner of the vehicle described above has relinquished ownership for one of the following reasons:

REPOSSESSED _____ ACCIDENT LOSS _____

Leinholder/Insurance Co _____

Address _____

Date of Loss/Incident _____

Disposition of Vehicle _____

Signature _____

Leinholder/Insurance Representative

**THIS FORM TO BE COMPLETED IN ITS ENTIRETY BY THE
COMPANY VERIFYING THE LOSS OF THE VEHICLE.**