

**To: Motor Vehicle Commission
Special Services
Special Title Section
P.O. Box 017
Trenton, NJ 08666-0017**

Date: _____

Please Issue a: (Salvage Title (Standard Title

To: The NJ Corporation Listed above
(Corp Code: _____)

For the following Vehicle: Year: _____

Make: _____

VIN: _____

Type of Loss:

Recovered Theft Collision Un-Recovered Theft Fire Water Donation

Other (Please Specify) _____

Actual Cash Value: \$ _____

Damage Estimate: \$ _____

(The following Space is provided for each firm to “customize” to meet their needs)