



Office of Assessment
City of Meriden
142 East Main St
Meriden CT 06450
Tel. 203.630.4065
Fax 203.630.4068
<https://www.meridenct.gov/>

Motor Vehicle Affidavit

Name of Owner: _____

Address: _____

Make: _____ Model: _____ Year: _____

VIN: _____ Plate: _____

On _____ (date), the above vehicle was **SOLD / JUNKED /**
REPOSSESSED / DONATED / GIFTED (circle one) to

I do hereby declare under penalty of false statement that the information provided on this affidavit is completed according to the best of my knowledge, and that I have not conveyed or temporarily disposed of the referenced property for the purpose of evading the laws relating to the assessment and collection of taxes.

Signature: _____ Date: _____

Print Name: _____