



**Cayman Islands Government
Department of Environmental Health
Derelict Vehicle Removal Form**

I hereby give permission to the Department of Environmental Health for the removal and disposal of the following derelict vehicle(s):

Registration No.	Color	Make and Model

Please give the exact location where the vehicle(s) is/are located. _____

Furthermore, I certify that I am (the owner of the vehicle(s)), (the owner of the property on which the vehicle(s) is/are positioned), and that I accept full responsibility for said vehicle(s) and its contents. **(Name of Person _____)**

Signature of Person

Date