

Skagit County Public Health  
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Mount Vernon, WA 98273  
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Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
# JVAs paid \_\_\_\_\_ Received by: \_\_\_\_\_  
**HEALTH DEPT. USE ONLY** Date: \_\_\_\_\_

### REQUEST FOR JUNK VEHICLE AFFIDAVIT INSPECTION

A non-refundable fee is assessed per current Schedule of Charges for each Junk Vehicle Affidavit inspection requested by the applicant. Allow approximately 2 weeks for review.

I will pay by: cash ☐ check ☐ credit card ☐ Name & phone number for CC payment \_\_\_\_\_

A junk vehicle must meet **three** of the following conditions:

- Must be at least 3 years old
- Must be extensively damaged
- Must be apparently inoperable
- Must have fair market value equal to scrap of the vehicle

PROPERTY ADDRESS (vehicle location): \_\_\_\_\_

#### JUNK VEHICLE INFORMATION:

Make	License Plate	Model	VIN number	Year

How did vehicle come to be on this property? (please check)

- ☐ Illegally dumped / found on property
- ☐ Left by tenant or beyond approved time
- ☐ On property when purchased
- ☐ Deceased relative
- ☐ Other \_\_\_\_\_
- ☐ Purchased but never transferred title: (Must contact your local law enforcement)

In order to process a Junk Vehicle Affidavit the identity and condition of the vehicle must be verified by staff.

Vehicles must be accessible to staff in order to determine condition and identity.

***Junk Vehicle Affidavits are only issued to legal property owners where the vehicles are located or their duly charged representative. ALLOW APPROXIMATELY 2 WEEKS FOR REVIEW. By requesting this Junk Vehicle Affidavit:***

- ✓ ***I affirm that I am authorized to request a Junk Vehicle Affidavit on this property.***
- ✓ ***I give Skagit County Public Health staff permission to enter my property in order to investigate and process this Junk Vehicle Affidavit request.***
- ✓ ***I affirm that vehicles subject to inspection meet the definition of a junk vehicle applicable for Skagit County Public Health review defined in this application.***
- ✓ ***I acknowledge that all fees are non-refundable.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR HEALTH DEPT. USE ONLY**

JVA mailed date: \_\_\_\_\_ JVA hand delivered date: \_\_\_\_\_ JVA picked up date: \_\_\_\_\_