



WABUSH

VEHICLE WRECK REMOVAL FORM

Date: _____

I _____ authorize employees of the Town of Wabush to enter my property located at _____ for the purpose of removing (description of vehicle, make/model/year/colour/plate number if possible)

from my property, for disposal. The registered owner is _____

Signed: _____

Name : _____

(PLEASE PRINT)

Phone Number: _____