

**IMPERIAL COUNTY ABANDONED VEHICLE ABATEMENT
SERVICE AUTHORITY DENIAL OF RESPONSIBILITY FORM**

Name _____
Address _____
City _____
State _____ ZipCode _____

Parcel Number _____

Attention: Fire Prevention Services, Inc.
P.O. Box 625
El Centro CA 92244

I, _____, as owner of the land located at

_____,
deny responsibility for said vehicle (or said parts of a vehicle) described as
_____.

My reasons for denial are as follows;

_____.

(Your statement shall be construed as a request for hearing at which your
presence
is not required)

Do you wish to request a hearing? Yes _____ No _____

Do you wish to be present at such hearing? Yes _____ No _____

Signed,

Signature

Name

Date