

NOTICE OF PENDING LIEN SALE FOR VEHICLE VALUED \$4000 OR LESS

(Civil Code §3072)

LIEN SALE UNIT
P.O. BOX 932317
SACRAMENTO, CA 94232-3170

TO WHOM IT MAY CONCERN:

This is to notify you that I intend to sell this vehicle at a Lien Sale (public sale) because my towing, storage, or repair bill has not been paid. You may wish to take one of the following actions:

1. Pay my bill and reclaim the vehicle before the sale date.
2. Stop the sale and dispute the lien in court. You may stop the sale by completing the Declaration of Opposition below and forwarding this notice to the DMV in the enclosed envelope within 10 days of the date this notice was mailed.
3. Disregard this notice if you no longer own or want this vehicle so I can proceed with the sale. However, if you are the last owner of record, you may be liable for removal and disposition costs and lien not satisfied by sale of the vehicle.

VEHICLE DESCRIPTION	LICENSE NUMBER	STATE REGISTERED		LICENSE EXPIRATION DATE	VEHICLE IDENTIFICATION NUMBER (VIN)
	200	CA		09 24 21	fasdf
VEHICLE DESCRIPTION	MAKE	YEAR	MODEL	BODY TYPE	ENGINE NUMBER (MOTORCYCLES ONLY)
	MAKE	19	hgg	hlk	gjhg
INFORMATION ABOUT MY LIEN	DATE VEHICLE CAME INTO MY POSSESSION		DATE OWNER BILLED FOR SERVICES/STORAGE		DATE WORK OR SERVICES COMPLETED
	09 24 18		09 24 18		09 24 18
	MY TOWING AND STORAGE WAS AUTHORIZED BY A PUBLIC AGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO				
INFORMATION ABOUT MY LIEN	The amount and basis for my lien and outstanding parking violation bail is:				
	STORAGE TO DATE	AT THE RATE OF	TOWING	REPAIRS	PARKING VIOLATIONS (CVC 22851.1)
INFORMATION ABOUT THE SALE	\$ 0	\$ 100 PER DAY	\$ 100	\$ 100	\$ 100
	The vehicle will be available for inspection at least one hour prior to the sale.				
INFORMATION ABOUT THE SALE	DATE NOTICE OF SALE MAILED		DATE OF SALE		HOUR OF SALE
	09 24 18		09 24 18		11:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	LOCATION OF SALE (STREET ADDRESS)		CITY	STATE	ZIP CODE
CERTIFICATION	234124		sdfaf		CA 90909
	I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct and I have no information or belief that there is a valid defense to the claim which gives rise to the lien.				
	DATE	SIGNATURE OF LIENHOLDER OR AGENT ACTING FOR LIENHOLDER			
	09 24 18	X			
	for IZ SERVICES				
	LIENHOLDER (NAME)	TELEPHONE NUMBER		BUREAU OF AUTOMOTIVE REPAIR NO.	
	ffasdfads	(412) -331-24		asdfa	
ADDRESS	CITY		STATE	ZIP CODE	
234124	sdfaf		CA	90909	
AGENT ACTING FOR LIENHOLDER (NAME)	TELEPHONE NUMBER		REGISTRATION SERVICE NUMBER		
IZ SERVICES	(310) 527-2345		44362		
ADDRESS	CITY		STATE	ZIP CODE	
3592 REDONDO BEACH BLVD	TORRANCE		CA	90504	
DECLARATION OF OPPOSITION	TO: DEPARTMENT OF MOTOR VEHICLES				
	Please stop the lien sale of this vehicle because I wish to contest the claim of the lienholder. I understand the lienholder may file an action in court and if judgment is given in his/her favor, I may be liable for the court costs. The address at which I may be served or notified in person of any court				
	PRINT TRUE FULL NAME				TELEPHONE NUMBER
					()
	ADDRESS				CITY
					STATE
					ZIP CODE
MAILING ADDRESS IF DIFFERENT FROM ABOVE					
I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.					
DATE	SIGNATURE				
	X				
ATTENTION: This Declaration of Opposition will not be valid unless you have signed, provided your true full name, and a valid address. If the lienholder is unable to serve you with a court action, he/she will be allowed to continue with the lien sale (Civil Code 3072).					

NOTE TO THE LIENHOLDER:

This notice is to be sent to the registered owner, legal owner, Department of Motor Vehicles, and any other person interested in this vehicle, 31 to 41 days before the date of sale (do not count day notice mailed). Send notice certified mail, return receipt requested, or U.S. Postal Service Certificate of Mailing.

EXCEPTION: Notice to the department must be sent by certified mail, return receipt requested.

At least 10 days before the sale, a copy of this notice shall be posted in a conspicuous place on the premises of the business office of the lienholder, and if the sale occurs at a place other than the business office, a notice must be posted at the site of the forthcoming sale.

REGISTERED OWNER

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LEGAL OWNER

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Department of Motor Vehicles Lien Sale Unit P. O. Box 932317 Sacramento, CA 94232-3170

INTERESTED PARTIES

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**CERTIFICATION OF LIEN SALE
FOR VEHICLE VALUED \$4000 OR LESS
CIVIL CODE §3072**

LIEN SALE UNIT
P.O. BOX 932317
SACRAMENTO, CA 94232-3170

NOTE TO THE LIENHOLDER:

When a vehicle is sold at auction, immediately complete this form and give to the buyer. Retain a copy to submit to DMV with any excess fees. If the vehicle is not sold because a qualifying bid was not received, the lienholder becomes the buyer indicated on the Certification of Sale section. When the vehicle is sold in the future, complete a bill of sale and give both forms to the buyer. All registration fees and penalties become due and payable on the lien sale date. Following the sale of a vehicle, remove and destroy the vehicle's license plate(s), and within 5 days of sale, submit a completed Notice of Release of Liability (NRL) form to DMV.

VEHICLE DESCRIPTION	LICENSE NUMBER 200	STATE REGISTERED CA	LICENSE EXPIRATION DATE 09 24 21		VEHICLE IDENTIFICATION NUMBER (VIN) fasdf
	MAKE MAKE	YEAR 19	MODEL hgg	BODY TYPE hlk	ENGINE NUMBER (MOTORCYCLE ONLY) gjhg
AUTHORITY TO CONDUCT LIEN SALE	DATE VEHICLE CAME INTO MY POSSESSION 09 24 18		DATE OWNER BILLED FOR SERVICES/STORAGE 09 24 18		DATE WORK OR SERVICES COMPLETED 09 24 18
	IF AUTHORIZED BY A PUBLIC AGENCY, OR PURSUANT TO VC § 22658, DATE VEHICLE WAS TOWED In accordance with Civil Code §3072, my authority to conduct this lien sale is: <input checked="" type="checkbox"/> After the Notices of Pending Sale were mailed to DMV, the registered/legal owners at their addresses of record with DMV, and any other person known to have an interest in the vehicle, the sale was conducted not less than 31 days or more than 41 days. I have not received notice from DMV prohibiting this lien sale. <input type="checkbox"/> A certified copy of the court judgment to proceed with the sale. <input type="checkbox"/> A release of interest from the opposer(s) after opposition filed. <input type="checkbox"/> Authorization from DMV after proof of unsuccessful service. <input type="checkbox"/> There is no record on file and no known interested parties. A total of 31-41 days have elapsed before the sale was conducted. Note: Vehicle record from DMV and/or a certified copy of the court judgement or release of interest (as appropriate) must be attached.				
NOTICE OF PENDING SALE	<input checked="" type="checkbox"/> In accordance with Civil Code §3072, Notices of Pending Sale with accompanying Declarations of Opposition were mailed to the registered and legal owners of record, interested parties, and DMV, 31 to 41 days prior to the lien sale. Note: Postal receipts or postal listing sheet must be attached.				
CERTIFICATE OF SALE	The above described vehicle was sold on: 09 24 18 <small>MONTH DAY YEAR</small>		BUYER'S TRUE FULL NAME		
			ADDRESS		
	CITY		STATE		ZIP
THE AUCTION SALE AND PROCEEDS	NOTE TO LIENHOLDER: If vehicle retained by lienholder, complete number 2 only.				
	1. The vehicle was sold for:..... \$				
	2. The billing and costs were:				
	A. TOWING..... \$ <u>100</u>				
	B. STORAGE..... \$ <u>0</u>				
	C. REPAIRS..... \$ <u>100</u>				
D. COST OF SELLING (CANNOT EXCEED \$70) \$ <u>100</u>					
TOTAL OF 2 (ADD A THROUGH D)..... \$ <u>300</u>					
3. PARKING VIOLATIONS..... \$ <u>100</u>					
4. EXCESS FEES* (LINE 1 MINUS TOTAL OF 2 AND 3)..... \$					
*EXCESS FEES MUST BE SUBMITTED TO DMV WITH A COMPLETED COPY OF THIS FORM WITHIN 15 DAYS OF THE SALE DATE.					
CERTIFICATION	LIENHOLDER'S NAME (PRINT) ffasdfads				TELEPHONE NUMBER (412) -331-24
	STREET ADDRESS 234124		CITY sdfaf	STATE CA	ZIP 90909
	AGENT ACTING FOR LIENHOLDER (PRINT NAME) IZ SERVICES		REGISTRATION SERVICE NUMBER 44362	TELEPHONE NUMBER (310) 527-2345	
	STREET ADDRESS 3592 REDONDO BEACH BLVD		CITY TORRANCE	STATE CA	ZIP 90504
	I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.				
DATE 09 24 18		LIENHOLDER'S OR AGENT'S (ACTING FOR LIENHOLDER) SIGNATURE for IZ SERVICES			

Name and Address of Sender		Check type of mail or service: <div><input type="checkbox"/> Certified <input type="checkbox"/> COD <input checked="" type="checkbox"/> Delivery Confirmation <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured</div> <div><input type="checkbox"/> Recorded Delivery (International) <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation</div>		Affix Stamp Here <i>(If issued as a certificate of mailing, or for additional copies of this bill)</i> Postmark and Date of Receipt										
Article Number		Addressee (Name, Street, City, State, & ZIP Code)		Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
Total Number of Pieces Listed by Sender		Total Number of Pieces Received at Post Office		Postmaster, Per (Name of receiving employee)		See Privacy Act Statement on Reverse								