

**NOTICE AND DEMAND OF PAYMENT FOR MOTOR FUEL**

**Vehicle Owner**

You are hereby notified that:

On \_\_\_\_\_, your vehicle with license plate number \_\_\_\_\_\* was observed  
*Date* *Plate Number*

driving off without paying for \$\_\_\_\_\_ of \_\_\_\_\_.  
*Amount* *Gasoline Type/ Brand*

\_\_\_\_\_  
*Witnessing Employee Signature*

\_\_\_\_\_  
*Owner/Manager Signature*

**AUTHORIZATION FOR DRIVER INFORMATION**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Manager *Date*

Remit \$ \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_  
*Amount* *Name and Address of Retailer* *Date*

**The vehicle information being requested can be used only to demand payment for a "Drive-off".  
Any misuse, or publication of this information could lead to legal action.**

There will be a \$9.50 charge per license plate requested that is on file. All plates not on file, or that do not match your vehicle description will be at a charge of \$5.50 per license plate.

Visa  Master Card  Discover

Acct : \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ 3 Digit code \_\_\_\_\_

Please fill out your credit card information to the right.

\*Vehicle description: \_\_\_\_\_

**Please check one**

Please send the affidavit to vehicle owner and my location.

**DO NOT** send affidavit, I am only requesting a plate look up.

MN\_\_\_ WI\_\_\_ Other \_\_\_\_\_

Fax this form to MSSA at 651-487-2447

\*Note: you do not have to provide a vehicle description, however, it is very helpful in matching the correct plate.