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.

Please fill out your credit card information to the right.

☐ Visa ☐ Master Card ☐ Discover

Acct :_____ Exp ___/____

Signature:_____ 3 Digit code____

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. ☐

Fax this form to MSSA at 651-487-2447

*Vehicle description:_____
_____
_____
_____
_____

MN___ WI___ Other_____

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