



South Schenectady Fire Department

6 Old Mariaville Road - Schenectady, NY 12306

(518) 355-7720

ACKNOWLEDGEMENT OF VEHICLE DONATION

Owner Name: _____

Address: _____
Street City State Zip

Vehicle Year: _____ Vehicle Make: _____

Vehicle Model: _____

VIN #: _____

Estimated Value (to nearest dollar): _____

I hereby affirm that the information furnished above is true and accurate to the best of my knowledge. I also affirm that I am the legal owner of the above vehicle.

By signing below, I agree to forfeit ownership of the above vehicle to the South Schenectady Fire Department, for the sole purpose of automobile extrication / fire suppression training, as dictated by the policies of the department.

Signed: _____ Date: _____
Vehicle Owner

Signed: _____ Date: _____
Fire Department Representative

*** This form is also your receipt. Please keep it for tax purposes.**