

# ODOMETER DISCLOSURE STATEMENT

1/21/2018

Federal law (and state law, if applicable) requires that the lessee disclose the mileage to the lessor in connection with the transfer of ownership. Failure to complete or making a false statement may result in fines and/or imprisonment. Complete the Disclosure Statement below and return to lessor.

I, \_\_\_\_\_, (PRINT name of person making disclosure) state that the odometer on the motor vehicle now reads \_\_\_\_\_ (no tenths), miles and, to the best of my knowledge, the odometer reflects the actual mileage of the vehicle described below, unless one of the following statements is checked:

YOU DO NOT HAVE TO CHECK BOXES (1) AND (2) BELOW UNLESS THE MILEAGE EXCEEDS THE CAPACITY OR THE READING IS NOT THE ACTUAL MILEAGE.

1. IN EXCESS OF ITS MECHANICAL LIMITS. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage IN EXCESS OF ITS MECHANICAL LIMITS.
2. NOT THE ACTUAL MILEAGE. I hereby certify that the odometer reading is NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY.

**Return of Vehicle:** Please mail this completed statement to the Lessor Address noted below once your vehicle has been returned.

**Repairs:** If you have made repairs to the vehicle, please include all legible repair receipts (VIN or Account # included) to insure that you receive the proper credit.

Vehicle Year \_\_\_\_\_ Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_

Vehicle Identification Number \_\_\_\_\_

Lessee Name \_\_\_\_\_

Lessee Address 1 \_\_\_\_\_ Lessee Address 2 \_\_\_\_\_

Lessee City \_\_\_\_\_ Lessee State \_\_\_\_\_ Lessee Zip \_\_\_\_\_

Lessee Signature \_\_\_\_\_ Date of Statement \_\_\_\_\_

**VT Inc., as Trustee of World Omni LT**

\_\_\_\_\_  
 Lessor Name

\_\_\_\_\_  
 Lessor Address 1 \_\_\_\_\_ Lessor Address 2 \_\_\_\_\_

\_\_\_\_\_  
 Lessor City \_\_\_\_\_ Lessor State \_\_\_\_\_ Lessor Zip \_\_\_\_\_

VEHICLE RETURN INFORMATION	_____ Name of Authorized Return Location	_____ Authorized Return Location Address
	_____ Print Name of Person at Authorized Location	_____ Date of Return

FOR INTERNAL USE ONLY	_____ Account Number	1/21/2018 Date Disclosure Statement Sent To Lessee
	_____ Date Executed Statement Received By Lessor	Signature of Lessor <i>Archie Senn</i>