

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 \_\_\_\_\_

<b>VEHICLE RETURN INFORMATION</b>	_____	_____
	Name of Authorized Return Location	Authorized Return Location Address
	_____	_____
	Print Name of Person at Authorized Location	Date of Return

<b>FOR INTERNAL USE ONLY</b>	_____	4/19/2018
	Account Number	Date Disclosure Statement Sent To Lessee
	_____	Signature of Lessor <i>Archie Senn</i>
	Date Executed Statement Received By Lessor	