1) REFUSE IN SURRENDERED VEHICLES

The contractor is not obliged to remove, or take possession of, any vehicle containing refuse. An extra charge is made for disposal of refuse.

2) VEHICLE IGNITION/DOOR KEYS

Please send in the ignition/door keys with your application form. (IF YOU WANT THE CONTRACTOR TO REMOVE VEHICLE), so that the contractor can remove the vehicle without you needing to be present.

3) PERSONAL EFFECTS LEFT IN VEHICLES

Make sure all personal effects are removed before you send the application form. 

*Please note*: The contractor and the Council do not accept any responsibility for any personal effects left in vehicles, for which applications are received under the Surrendered Vehicles Scheme.

4) WHAT TO DO WITH YOUR REGISTRATION CERTIFICATE

Complete Section 9 ONLY

- Enter date in box 5.
- In the name and address section enter – TO BE SCRAPPED by London Borough of Havering.
- Sign and date the registered keeper section in the Declaration box. (It is NOT necessary for the council to sign this box)
- Detach Section 9 ONLY and send to DVLA Swansea, SA99 1BD
- Send the rest of the Registration Certificate together with this form to London Borough of Havering at the address on the front of this form

When your vehicle has been scrapped the DVLA will be notified and the Registration Certificate sent to them.
REMOVAL OF VEHICLES

I am the owner of Make_________________________Model_________________________
Registration number ________________________ and authorise you to dispose of it.

I enclose the Registration Document for this vehicle (or other ownership document) and confirm that it is not subject to any Hire Purchase Agreements.

If the car can be easily lifted for removal, the contractor will not need an appointment.

☐ Tick here if you wish the contractor to make an appointment to remove your vehicle

Location of vehicle – which must be easily accessible to Contractor’s removal lorry. The Council do not accept liability for any damage caused.

With/Without* wheels (*Please delete as appropriate)

Name: ______________________________________________________________
Address: ______________________________________________________________
____________________________________________________________________
____________________________________________________________________
Daytime Telephone Number: ____________________________________________

Signed: __________________________________________________________________

Please return to: Head of Streetcare
London Borough of Havering
Mercury House
Mercury Gardens
ROMFORD
RM1 3SL

For Office Use
CRM No
Order No