

# **FORTY-EIGHT HOUR AFFIDAVIT**

1. I am an adult and competent to make this affidavit.

2. My name is \_\_\_\_\_

3. My mailing address is \_\_\_\_\_

4. I own/control (select one) the property at \_\_\_\_\_

Indianapolis, Marion County, Indiana (“Property”).

5. The vehicle described as \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ has remained on the Property without my consent for more than forty-eight (48) hours.

6. I hereby request the assistance of an officer under Section 9-22-1-15 and 9-22-1-18 of the Indiana Code to have the Vehicle described above removed from the property as an abandoned vehicle.

Further affiant sayeth not.

I swear or affirm under the penalties for perjury that the foregoing is true.

**Please email, fax or mail to:**

City of Indianapolis

Department of Business and Neighborhood Services

Attn: PSMS

200 E. Washington St., Suite 107

Indianapolis, IN 46204

Fax: 317-327-8696

BNS.PropertyInspections@indy.gov

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Phone number)