

Voluntary Vehicle Recycling Program Application

Sponsored by the Pioneer Valley Planning Commission

To recycle your car, please send in this form, along with a copy of the registration.

Email:
pgambarini@pvpc.org
Phone:
(413) 781-6045

Fax:
(413) 732-2593
Attn: Patty Gambarini

Mail:
Vehicle Recycling Program
26 Central St, Suite 34
West Springfield, MA 01089
Attn: Patty Gambarini

Owner Information

First Name	Last Name		
Address	City	State	Zip
Home Phone	Work/Cell Phone	Email	

Vehicle Information

Year	Make	Model	Trim	Color
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VIN: _____ **Title:** Yes No

License Plates: _____ (If the vehicle is not registered, write "not registered")

Mileage: _____ **Number of Doors:** _____

Transmission: Automatic Manual

Other Vehicle Features: (A/C, power windows, leather, CD player, etc.) _____

Running: Yes No **Passed MA Emissions Test:** Yes No

General Condition of Car: _____

Location of Car

Street Address	City	State	Zip
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How did you hear about us? _____

I hereby confirm that I am the legal owner of this vehicle and all of this information is accurate to the best of my knowledge. I understand that the Pioneer Valley Planning Commission reserves the right to reject any application and has discretion when assessing vehicle eligibility.

Signed: _____ **Date:** _____