Town of Goffstown
TOWN OFFICES
16 MAIN STREET GOFFSTOWN, NH 03045
603-497-8990 X107

LIMITED POWER OF ATTORNEY FOR AUTOMOTIVE REGISTRATION AND TITLE PURPOSES ONLY

I, _____of_____

OWNERS NAME OWNERS ADDRESS

Hereby name and appoint_____to be my/our lawful attorney and to act for me/us to sign all papers and documents that may be necessary in order to secure motor vehicle title and/or registration for the following described vehicle:

Year_____ Make_____ Model_____

Vehicle Identification Number

Except as expressly stated above, no other authority is granted or appointment is made hereby.

Executed on this_____day of_____200___, By,

Signature of owner(s)_____

Printed name(s)_____

Subscribed and sworn before me on this_____day_____of 200___

Notary Public for the state of_____.

_____

NOTARY PUBLIC SIGNATURE

THIS FORM MUST BE NOTARIZED