Name _____ **Abstract #** _____ **Account** _____ **County** _____ **Year** _____

SCHEDULE B-1

UNCLASSIFIED/UNREGISTERED MOTOR VEHICLES, TRAILER AND SPECIAL BODY INFORMATION

Vehicle And/Or Trailer Information				Additional Trailer Info		Special Body Information				
Year	Make	Model	Vehicle I.D. Number (VIN)	Length	Type	Year Acquired	Description - (Type and Capacity)	Cost	New or Used	Office Use