

STATEMENT OF FACT
MOPED/BICYCLE OWNERSHIP

I, _____ CERTIFY THAT I AM THE OWNER OF THE FOLLOWING
DESCRIBED MOPED/BICYCLE: MAKE AND TYPE: _____ SERIAL NO: _____
THAT SAID MOPED/BICYCLE WAS ACQUIRED FROM: _____
ON OR ABOUT: _____, 20 ____.
THAT THE PREVIOUS OWNER(S) DID TRANSFER HIS/HER INTEREST/OWNERSHIP TO THE SAID MOPED/BICYCLE TO THE
UNDERSIGNED; THAT ALL EFFORTS TO LOCATE THE PREVIOUS OWNER(S) TO OBTAIN THE EVIDENCE OF PROOF OF
OWNERSHIP HAVE BEEN UNSUCCESSFUL, AND;

I AGREE TO INDEMNIFY AND SAVE HARMLESS THE DIRECTOR OF FINANCE, COUNTY OF HAWAI'I AND SUBSEQUENT
PURCHASERS OF SAID MOPED/BICYCLE FOR ANY LOSS RESULTING FROM THE ISSUANCE OF A CERTIFICATE OF
REGISTRATION COVERING THE SAME AND ON ALL SUBSEQUENT RECORDING OF TRANSFERS OF REGISTRATION.

Signed this _____ day of _____ 20 ____

Signature _____

(PLACE NOTARY SEAL HERE)

Subscribed and sworn to before me this _____
day of _____ 20 ____

Notary Public, _____
State of _____
My Commission expires _____

STATE OF HAWAII NOTARY CERTIFICATION
(PLACE NOTARY SEAL HERE)

Document Date: _____ # of pages _____
Notary Name: _____ Circuit _____
Document Description: _____

Notary
Signature _____ Date _____

Hawai'i County is an Equal Opportunity Provider and Employer