

COUNTY OF HENRICO
Itemized Estimate/Affidavit
(To be completed by Estimator)

ITEMIZED ESTIMATE OF REPAIRS NEEDED TO BRING VEHICLE TO AVERAGE CONDITION

Name of firm and/or individual making estimate _____ Date _____

Address _____ Telephone # () _____

VEHICLE OWNER INFORMATION:

Name of Owner(s) _____

Address _____

VEHICLE INFORMATION

Year _____ Make _____ Model _____ Body Style _____

Vehicle I.D. # _____ License # _____ Odometer Reading _____

DETAILS OF ESTIMATE: (If another form for the estimate is used, please refer to your attachment.)

Description of work and cost to restore the vehicle to average condition only.

Affidavit

I swear and affirm that:

1. I am a motor vehicle repairman or estimator qualified to determine the amount of such damage set forth above.
2. I have engaged in such work since. Give date(s). _____
3. The trade name and address of my business or employer is _____

4. All information contained herein or attachments hereto are true and correct.

NAME OF ESTIMATOR (PLEASE PRINT) _____

SIGNATURE _____ DATE _____

Commonwealth of Virginia:

City/County of _____

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

Notary Public

My commission expires: _____, 20____.