

MICHIGAN DEPARTMENT OF STATE ODOMETER MILEAGE STATEMENT

(See Reverse Side for Leased Vehicles)

Federal law and section 233a of the Michigan Vehicle Code require that you state the mileage in connection with the transfer of ownership. Failure to complete this form or providing false statement may result in one or more of the following: civil liability, fines and imprisonment.

Year	Make			Model					
Body style		Vehicle Identification Number							
I (we) certi	fy that the o	dometer reading is:		(No tenths)					
And certify that to the best of my knowledge the odometer mileage is:									
Check one		Actual mileage							
	k 🛄	Not actual mileage - WARNING - ODOMETER DISCREPAN							
		Exceeds mechanical limits of odometer (5-digit odometer has rolled over)							
★ Note: Mileage cannot be corrected at a later date.									
Name of seller(s) (Please print)									
Address									
			T =						
City			State	Zip code					
Signature(s) o	of seller(s)		Date						
Name of purchaser(s) (Please print)									
Address									
City			State	Zip code					
"I am aware of the above odometer certification made by the seller(s)."									
Signature(s)	Date								



MICHIGAN DEPARTMENT OF STATE ODOMETER MILEAGE STATEMENT

Leased Vehicles ONLY

Federal law and section 233a of the Michigan Vehicle Code require that a lessee disclose the mileage to the lessor in connection with the transfer of ownership. Failure to complete this form or providing false statement may result in one or more of the following: civil liability, fines and imprisonment.

Year	Make	Model								
Body style		Vehicle Identification Number								
I (we) certi	: [(No tenths)				
And certify	that to the b	est of my knowledo	ge the o	dometer m	nileage	e is:				
Check		Actual mileage								
one 3	, 🔲	Not actual mileage - WARNING - ODOMETER DISCREPAN								
		Exceeds mechanical limits of odometer (5-digit odometer has rolled over)								
* Note: Mileage cannot be corrected at a later date.										
Name of les	see(s) (Please	e print)								
Address										
City		State		Zip code						
Signature(s)	of lessee(s)				Date	Э				
Name of less	sor (Please pr	int)								
Address										
City	State		Zip code							
Date odomet	eceived from lessee									
Name of less	sor's agent (P	lease print)								
Signature of X			Date							