

AFFIDAVIT MUST BE COMPLETED IN FULL AND NOTARIZED

STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF HENNEPIN

FOURTH JUDICIAL DISTRICT

AFFIDAVIT

DRIVER - NON OWNER OF VEHICLE

I, _____, received Citation No. _____

On _____ (date) charging no proof of insurance under M.S. 169.791. I further state that I am not the registered owner of said vehicle and that the true owner of the vehicle is:

(name)

(address)

(city/state/zip)

This affidavit is made pursuant to MS 169.791. I understand that any false information given may result in my being charged with a misdemeanor.

(Signature)

(Telephone No.)

Subscribed and sworn to before me

On _____, _____
(Month and day) (Year)

Court Deputy or Notary Public

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