



Town of Goffstown

TOWN OFFICES

16 MAIN STREET GOFFSTOWN, NH 03045
603-497-8990 X107

LIMITED POWER OF ATTORNEY FOR AUTOMOTIVE REGISTRATION AND TITLE PURPOSES ONLY

I, _____ of _____

OWNERS NAME

OWNERS ADDRESS

Hereby name and appoint _____ to be my/our lawful attorney and to act for me/us to sign all papers and documents that may be necessary in order to secure motor vehicle title and/or registration for the following described vehicle:

Year _____ Make _____ Model _____

Vehicle Identification Number

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Except as expressly stated above, no other authority is granted or appointment is made hereby.

Executed on this _____ day of _____ 20____, By,

Signature of owner(s) _____

Printed name(s) _____

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

Notary Public for the state of _____.

NOTARY PUBLIC SIGNATURE

****THIS FORM MUST BE NOTARIZED****