

Staab Agency

Shirley St. Pierre / Statutory Agent
P.O. Box 942 / 259 Goose Hill Road
Jefferson, Me 04348

800-648-8805 / Fax 207-549-7638

www.staabagency.com / info@staabagency.com

QUOTE REQUEST FOR CAMPER

Please fax or email the below information back to the Staab Agency to obtain a quote for the registration amount.

Your name and street address:

(Please no PO Box)

Mailing Address:

Phone: _____ Fax: _____ Email: _____

Please complete the following:

Color: _____

Style: ____CT____

Make: _____

Axles: _____

Value: \$ _____

Year: _____

Model: _____

Gross Vehicle Weight: _____

Serial# _____

Length: _____

*****2012 and newer please include a copy of the window sticker with all the options, including the MSRP.

*****The attached **Limited Power of Attorney** form needs to be signed, notarized and returned.

We will notify you with the actual quote amount and you can forward the necessary paperwork needed to register your camper.

Limited Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that _____
(Company Name or Individual)

gives to STAAB AGENCY or its designated representative, for an indefinite period of time and until canceled in writing, a limited Power of Attorney to act on its/his/her behalf with regard to all matters pertaining to the registering, licensing, transfer of ownership, and/or titling of trailer, semi-trailers, motor vehicles and/or power equipment in the State of Maine including, but not limited to, the preparation of any and all necessary paperwork required by the State of Maine Bureau of Motor Vehicles. For this service we agree to pay all mutually agreed upon fees.

SIGNED BY: _____
(Duly Authorized Officer of Company or Individual)

NOTE: If this Power of Attorney is in an Individual's name, please include your Date of Birth: ____/____/____; and your Social Security Number: ____-____-____; or

If this Power of Attorney is in a Company Name, please include its Federal ID Number: _____.

STATE OF: _____)
County of: _____) ss. Dated: ____/____/____

Personally appeared, the above-named _____,
(Name of Officer or Individual)

_____ of _____ duly
(Title) (Name of Company)

authorizes and acknowledges the foregoing instrument to be his/her free act and deed in his/her said capacity and the free act and deed of said Company.

Before me,

Notary Public
Print Name: _____
My Commission expires: _____

THIS POWER OF ATTORNEY IS LIMITED IN THAT IT ONLY GIVES STAAB AGENCY AND/OR ITS DESIGNATED REPRESENTATIVE THE RIGHT TO SIGN ITS NAME WHERE YOUR NAME WOULD NORMALLY APPEAR ON REGISTRATIONS/LICENSES/TITLES/TRANSFERS OF OWNERSHIP OR LIKE DOCUMENTS. IT DOES NOT ALLOW STAAB AGENCY AND/OR ITS DESIGNATED REPRESENTATIVE TO SELL, LEASE, TRADE OR IN ANY OTHER WAY UTILIZE OR DISPOSE OF YOUR VEHICLES EXCEPT AS AUTHORIZED ABOVE. IT CAN NOT SIGN REGISTRATIONS OR TITLE DOCUMENTS ON YOUR BEHALF UNLESS THIS POWER OF ATTORNEY IS ON FILE.

NOTE: THIS POWER OF ATTORNEY WILL NOT BE ACCEPTED UNLESS A ONE-TIME \$20.00 CLIENT INSTALLATION FEE IS RECEIVED.