

Authorization of Release

I, _____ give permission for
(Name of owner)
_____ to pick up my
(Name of person picking up vehicle)
_____, _____, _____, and _____
(Year) (Make) (Model) (License Plate or VIN#)
from the Columbus Police Impound Lot.

(Signature of Owner) (Date)

(Notary Public) (Date)

(Notary Seal) My Commission Expires _____
(Date)

Fax Number: 614-645-7357

Email Address: parkingservicesdocuments@columbus.gov

