

**SAINT PAUL POLICE DEPARTMENT
IMPOUND LOT
VEHICLE RELEASE
Fax: 651-298-4938
Phone: 651-266-5642**

Make/Model of vehicle: _____

License plate and/or VIN of vehicle: _____

PLEASE COMPLETE THIS FORM, PLACE A CHECK MARK IN FRONT OF YOUR OPTION(S), WRITE IN FULL NAMES AND CIRCLE THE PERMISSIONS GRANTED.

I, (printed name) _____

Grant permission for (printed name) _____ to

(circle one or more) pickup, retrieve contents, inspect and/or tow my vehicle for repairs.

Grant permission for: to photograph and/or inspect the vehicle for damages ONLY.

Make sure to attach an up-to-date insurance card for the vehicle as well.

**If authorizing an insurance/tow company to pick up a vehicle, this form does not need notary stamp. Whereas if you are releasing the vehicle to an individual this form does need notary stamp.

Notary Sign & Date

Signature of Registered Owner with date

X _____

X _____

Place Notary stamp in the box below

Owner, please place ID here