
Complete the following information:

Person or Parking Facility Owner Authorizing Removal or Booting

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____

Law Enforcement Agency Authorizing Removal or Booting

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____

Towing Company that Removed the Vehicle or Booting Company that Installed the Boot on the Vehicle

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____

Vehicle Storage Facility in Which the Vehicle Was Placed

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Do you have possession of the vehicle? Yes No

Additional Information:

