

PLEASE COMPLETE THE INFORMATION BELOW

Your Name: _____

Year, Make, Model of Vehicle: _____

License Plate #: _____

Approximate Date of Impound: _____

Vehicle impounded for (check all that apply):

- No Proof of Insurance Scofflaw
- DUI/OUI Solicitation of Prostitution
- License Revoked or Suspended

Person Driving Vehicle when impounded: _____

Passengers: _____

For Mat Use:

APD _____ MOA _____ Code _____

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