

Authorization of Release

I, _____ give permission for
(Name of owner)

_____ to pick up my
(Name of person picking up vehicle)

_____, _____, _____, and _____
(Make) (Model) (Year) (License Plate or VIN#)

From the Columbus Police Impound Lot.

(Signature of Owner)

(Date)

State of Ohio, County of _____

The foregoing instrument was acknowledged before me this date of _____
by _____

(Signature of Notary Public)

(Notary Seal)

My Commission Expires _____
(Date)

Parking Services Fax Number: 614-645-7357

Parking Services Email Address: parkingservicesdocuments@columbus.gov

Division of Parking Service | 2700 Impound Lot Road | Columbus OH 43207 | (614) 645.6400 | Fax (614) 645.7357
ParkColumbus.com

