

REQUEST FOR POST STORAGE HEARING
(WRITTEN STATEMENT)

NAME: REPORT#
ADDR: DATE / TIME TOWED:
CITY: ZIP:
VEHICLE LICENSE #:

Please provide a written statement why you believe your vehicle was stored without reasonable grounds.
The results of the POST STORAGE HEARING will be mailed to you at the address you provided above.

Signature Date

FOR OFFICE USE ONLY

TELEPHONE	DATE RECEIVED:	DISMISSED
IN PERSON		UPHELD
WRITTEN	DATE MAILED	PROCESSOR

Reviewing Officer:

ID#