

DEPARTMENT OF PUBLIC SERVICE

## Authorization of Release

,		giv	e permission for	
	(Name of owner)			
		to pick up my		
(Na	me of person picking up vehic	cle)		
,			, and (Year) (License Plate or VIN#)	
(Make)	(Model)	(Year)	(License Plate or VIN#)	
rom the Columbu	s Police Impound Lot.			
	(Signature of Owner)		(Date)	
tate of Ohio, Cour	nty of	_		
he foregoing instr	ument was acknowledge	ed before me this da	te of	
		by		
		(Signature of Notary Public)		
Notary Seal)	Му Со	mmission Expires		
			(Date)	
arking Services Fax N	umber: 614-645-7357			
arking Services Email	Address: parkingservicesdocu	iments@columbus.gov		
Divis	sion of Parking Service   2700 Impou	nd Lot Road   Columbus OH 43 ParkColumbus.com	3207   (614) 645.6400  Fax (614) 645.7357	

