

## 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](mailto:parkingservicesdocuments@columbus.gov)

