

SAINT PAUL POLICE DEPARTMENT
IMPOUND LOT
VEHICLE RELEASE

INVOICE # 288775

DATE 6-27-23

TIME 1719

PLEASE COMPLETE THIS FORM. PLACE A CHECK MARK IN FRONT OF YOUR OPTION(S).

I (printed name) Patricia Garcia

Grant permission to _____ (insurance, tow company or authorized person) to pick up, inspect and/or tow my vehicle for repairs

To photograph/ inspect the vehicle for damages

027

Key

I no longer have interest in my vehicle. By turning over the title and keys to the St. Paul Police Department, I authorize the St. Paul Police Department to dispose of it.

I am the owner, but I have lost or misplaced the title. I no longer have an interest in my vehicle and authorize the St. Paul Police Department to dispose of it. I agree to mail the title to the St. Paul Police Impound Lot, if located.

Photo/State ID presented
(if YES make a copy of the ID)

YES NO

MINNESOTA DRIVER'S LICENSE
NOT FOR FEDERAL IDENTIFICATION

1 GARCIA
2 PATRICIA
3 908 EDMUND AVE
4 APT 2
5 SAINT PAUL, MN 55108-0299



Patricia Garcia
Signature of Registered Owner

[Signature]

Officer/Impound Lot Clerk (signature & printed name)