



WALL TOWNSHIP POLICE DEPARTMENT

P.O. Box 1168 / 2700 Alliare Rd. Wall Township, NJ 07719

Phone: (732) 449-4500 ~ Fax: (732) 449-1273 ~ www.wallpolice.org

SECOND PARTY VEHICLE RELEASE AUTHORIZATION

I, _____ certify that I am the registered / titled owner of:

Name (please print)

_____/_____/_____/_____/_____
Registration State Make Year Vehicle Identification Number

and hereby authorize: _____ to take possession of my vehicle from the *Wall Township Police* impound facility. I also understand that the above party assumes all responsibility of said vehicle's storage & towing fees, removal and operation of same. I have provided the above with a proof of valid liability insurance and current registration. I also certify that all the information I have provided is true and that if any information is found to be otherwise, I may be charged criminally and fines may result.

Address of Vehicle Owner City State Zip Code

_____/_____/_____
Liability Insurance Company Policy Number Exp. Date

_____/_____/_____
Vehicle Owner Signature DL # State Date

[Authorized Party and Signature Required]

Address of Authorized Party City State Zip Code

_____/_____/_____
Signature of Authorized Party DL# State Date

Note: This document must be notarized, please execute in space below.

~Notary Public Section~

-----Stamp Here-----

Notary Signature: _____ Notary Exp: ____/____/____ Today's Date ____/____/____