

Mail Drop 553M Abandoned Vehicle Unit Motor Vehicle Division PO Box 2100

VEHICLE REMOVAL WRITTEN AUTHORIZATION

I am the owner or lessee of the property at the physical address stated below and hereby authorize the following

individual or company to remove the vehicle described below from that property. I have no interest in the vehicle.

Vehicle Identification Number					License Plate Number		
Vehicle Year	Make	Model	and the second s	Color	Color		
Property Owner	r or Lessee Name (first, middle,	ast, suffix)					
Physical Address Where Vehicle is Located			City	City		County	
	'. C' T. /i-di.	dl					
Removal Autho	rity Given To (company or indivi	auai name)					
Mailing Address			City	City		Zip	
Property Owner or Lessee Signature			Date				