

Unauthorized Vehicle Impoundment Report

License number	State	Vehicle Identification Number (VIN)	Make	Model	Year
----------------	-------	-------------------------------------	------	-------	------

1. To be communicated orally immediately to the law enforcement agency having jurisdiction.
2. Send in writing within 24 hours of impoundment to law enforcement agency jurisdiction.

To:

This is notice that the undersigned towing firm impounded the vehicle described above at:

Street address		City/Town		
Date of impoundment	Time of impoundment <input type="checkbox"/> a.m. <input type="checkbox"/> p.m	Time of radio/phone call to law enforcement agency having jurisdiction <input type="checkbox"/> a.m. <input type="checkbox"/> p.m		
Name of towing firm				
Street address		City	State	ZIP code
Firm's authorized agent		(Area code) Business phone		(Area code) Fax number