



**Vacaville Police Department**  
**660 Merchant Street**  
**Vacaville, CA 95688**  
**(707) 449-5229 Phone**  
**(707) 449-5253 Fax**

## REQUEST FOR VEHICLE RELEASE

I, \_\_\_\_\_, I.D. \_\_\_\_\_, as the  
(Your Name as Registered Owner) (Your Driver's License # & State)

registered owner of \_\_\_\_\_ with license  
(Year, Make, Model of Vehicle)

plate # \_\_\_\_\_, designate as my agent and  
(License Plate # or /VIN on the Vehicle)

give permission to \_\_\_\_\_  
(Name of Person You are Allowing to Obtain Release)

I.D. # \_\_\_\_\_ to obtain the release of above  
(That Same Person's Driver's License # & State)

said vehicle from the Vacaville Police Department, which was  
towed regarding Case # \_\_\_\_\_ - \_\_\_\_\_.

Phone Number for Verbal Verification: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*\*\*\* A legible photo copy of Registered Owners' Drivers License must be attached \*\*\**

NOTE: THE VACAVILLE POLICE DEPARTMENT MAY REQUIRE THIS FORM TO BE NOTORIZED.

### FOR OFFICE USE ONLY

Received By: \_\_\_\_\_ Date: \_\_\_\_\_