

# VEHICLE RELEASE AUTHORIZATION FORM

Madison Police Department – Court Services  
211 S. Carroll St, Rm GR10  
Madison, WI 53703  
Phone: 608-266-4170 | Fax: 608-267-1117  
Email: PDCSTOW@cityofmadison.com

If you are the registered owner of a vehicle that has been impounded, you may designate another person to claim the vehicle. All sections of this form must be fully completed, including the seal of a Notary Public authenticating your signature. To claim the vehicle, all parking tickets must be handled, and your designee must present this authorization form and a government-issued photo ID.

## Registered Owner Information

Full name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Designee Information

Full name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Vehicle Information

License Plate: \_\_\_\_\_ VIN: \_\_\_\_\_  
Make / Model / Color: \_\_\_\_\_

## Notarized Signature

As the registered owner, I give permission for the designee to retrieve the vehicle described above. I swear and affirm that the information contained in this document is true and correct to the best of my knowledge. I understand that for any false statement made herein, I am subject to prosecution for false swearing under Wis. Stat. Sec 946.32, a Class H Felony.

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Printed name  
  
\_\_\_\_\_  
Date

NOTARY PUBLIC SEAL

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Date commission expires