

ADDRESS: 20510 60TH AVE WEST, LYNNWOOD WA 98036 PHONE: 425-672-0808 FAX: 425-712-0960

**NOTARIZED AUTHORIZATION TO RELEASE MOTOR VEHICLE FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRANT PERMISSION TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (NAME OF GRANTER) (NAME OF RECIPIENT)

TO VIEW, RELEASE PERSONAL BELONGINGS, AND/OR RETREIVE VEHICLE FROM IMPOUND OF MY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| YEAR | MAKE | MODEL | COLOR | LICENSE # |
|  |  |  |  |  |

|  |
| --- |
| VEHICLE IDENTIFICATION NUMBER (VIN) |
|  |

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PRINT NAME OF PERSON GRANTING RELEASE) (SIGNATURE OF PERSON GRANTING RELEASE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(STREET ADDRESS) (CITY) (STATE) (ZIP CODE) (PHONE NUMBER)

ON THIS \_\_\_\_\_\_DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PERSONALY APPEAR

 (NAME OF GRANTER)

BEFORE ME AND ACKNOWLEDGE THAT THE FORGOING AUTHORIZATION WAS APPROVED AND SIGNED BY HIM OR HER.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC IN AND FOR THE COUNTY OF

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MY COMMISION EXPIRES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE ATTATCH COPY OF GRANTERS PHOTO ID

THIS FORM WILL NOT BE ACCEPTED UNLESS IT IS ACKNOWLEDGED BY A NOTARY PUBLIC OR ATTORNEY AT LAW