

CLEVELAND DIVISION OF POLICE
DIVISIONAL INFORMATION
FORFEITURE UNIT (Fax: 5258)
VCU (Fax: 5832) / VIU (Fax: 5826)

EXAMINED BY _____ RANK _____

FROM: _____ To: _____

SUBJECT: VEHICLE RETURN REQUEST

COPIES TO: FORFEITURE UNIT, UNIT FILES

SIR:

I RESPECTFULLY REQUEST THAT THE BELOW DESCRIBED VEHICLE BE RETURNED TO:

(NAME) (ADDRESS) (CITY, STATE, ZIP)

WHO IS THE OWNER OF THE BELOW MENTIONED VEHICLE. THE VEHICLE WAS TOWED C/W

THE ARREST OF

(NAME) (D.O.B.) (SSN)

INCIDENT # _____

VIU # _____
VEHICLE IMPOUND UNIT NUMBER

LICENSE PLATE# _____

VIN# _____
SERIALNUMBER

THE REASON FOR THE RELEASE OF THIS VEHICLE Is:

RESPECTFULLY,

IF FURTHER INFORMATION IS NEEDED I MAY BE REACHED:

DISTRICT UNIT

UNIT PHONE EXT.

CELL# (if desired, state hours)