



CITY OF GAHANNA
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF POLICE
To Serve and Protect

825 Tech Center
Drive
Gahanna, Ohio 43230
(614) 342-4240
Fax: (614) 342-4300

IN-PERSON AUTHORIZATION OF RELEASE

Subject to verification of vehicle ownership.

I, _____ give permission for
(Name of owner)

_____ to pick up my
(Name of person picking up vehicle)

_____, _____, _____, license plate or VIN#
(Year) (Make) (Model)

_____ from the Gahanna Division of Police designated impound
facility.

(Signature of Owner)

(Date)

** This form **only applies when the vehicle owner is present**, and the vehicle is being released to a designee. The designee does not have to appear with the owner. An employee must witness the vehicle owner complete this form.

- FOR INTERNAL OFFICE USE ONLY -

File this form with the vehicle impound form if the designee does not appear with the owner.

<input type="checkbox"/> Vehicle ownership verified	
<input type="radio"/> Impound form	
<input type="radio"/> LEADS/PD narrative	
<input type="radio"/> Title/Registration	
<input type="checkbox"/> Identity of Owner Verified – OL/ID #	_____
<input type="radio"/> Government-issued photo ID	
<input type="radio"/> Employee/student photo ID	

File with Vehicle Impound form

Releasing Personnel Signature _____ Date _____

