



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.

☐ Vehicle ownership verified

- ☐ Impound form
- ☐ LEADS/PD narrative
- ☐ Title/Registration

☐ Identity of Owner Verified – OL/ID # _____

- ☐ Government-issued photo ID
- ☐ Employee/student photo ID

File with Vehicle Impound form

Releasing Personnel Signature _____ Date _____

