

CLEVELAND DIVISION OF POLICE
FORFEITURE UNIT
DIVISIONAL INFORMATION

DIST. /BUR. ZONE/UNIT _____, 20__

EXAMINED BY _____ RANK _____, 20__

FROM _____ TO _____

SUBJECT Vehicle Return Request

COPIES TO Forfeiture Unit, District/Unit Files

Sir/Ma'am:

I respectfully request the below described vehicle be returned to the owner.

Owner Name _____

Owner Address _____

The vehicle was towed in connection with the arrest of:

Name _____ DOB _____ SSN _____

Incident report number 20__ - _____ VIU _____

Make _____ Model _____

License plate _____ VIN _____

Reason for the release of this vehicle:

If further information is required, I may be contacted at

District/Unit _____

Phone number _____

City email _____

Respectfully,
