

# BUSINESS VEHICLE RELEASE AUTHORIZATION FORM

Madison Police Department – Court Services  
211 S. Carroll St, Rm GR10  
Madison, WI 53703  
Phone: 608-266-4170 | Fax: 608-267-1117

If your business is the owner of a vehicle that has been impounded, a person must be designated to retrieve the vehicle. All sections of this form must be fully completed, including the seal of a Notary Public authenticating the business representative’s signature. To claim the vehicle, all tickets must be addressed at that time, and your designee must present this authorization form and a government-issued photo ID.

## Business Representative Information

Business Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Representative Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please initial below:

I am legally authorized to act on behalf of the business named above to release the specified vehicle to the Designee.

## Designee Information

Designee Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Vehicle Information

License Plate: \_\_\_\_\_ VIN: \_\_\_\_\_

Make / Model / Color: \_\_\_\_\_

## Notarized Signature

On behalf of my company, I give permission for the designee to retrieve the vehicle described above. I swear and affirm that the information contained in this document is true and correct to the best of my knowledge. I understand that for any false statement made herein, I am subject to prosecution for false swearing under Wis. Stat. Sec 946.32, a Class H Felony.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

NOTARY PUBLIC SEAL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date commission expires