



# EL CAJON POLICE DEPARTMENT

100 Civic Center Way  
El Cajon, CA 92020  
619-579-3311

## Request for Vehicle Storage Hearing

To be filled out by the Registered Owner/Authorized Agent/Legal Owner:

Name \_\_\_\_\_ ECPD Case # \_\_\_\_\_

Address \_\_\_\_\_ Date of Request \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Date of Impound \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Phone # \_\_\_\_\_ Lic#/VIN \_\_\_\_\_

I, \_\_\_\_\_, contest the impound/storage for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

(  Over )

=====DO NOT WRITE BELOW THIS LINE=====

Date	Time	Phone # called	Dispo

At \_\_\_\_\_ hours on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, I held a Post Storage Validity Hearing per  
(Time) (Date)

22852 CVC in person/via phone, on a \_\_\_\_\_  
(Veh Yr, Veh Make, Veh Model)

Impounded for \_\_\_\_\_ CVC. Authority for the vehicle impound and summary of findings:  
(Charge)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request for the release of the vehicle is:  Denied  Granted  Denied Pending  
 CDL  
 INSURANCE  
 REGISTRATION  
 OTHER \_\_\_\_\_

Reviewed By Officer & ID # \_\_\_\_\_ Date \_\_\_\_\_

Dispo to Records: \_\_\_\_\_ via: Phone/Fax Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials \_\_\_\_\_

This Supplemental will be attached to the original Impound/Storage report.

