



EL CAJON POLICE DEPARTMENT

100 Fletcher Parkway
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.

