

**Chief of Police** 

## **Brockport Police Department**

One Clinton Street Brockport, N.Y. 14420



Dispatch: Dial 911 Administration/Records: (585) 637-1020 (585) 637-1016 fax

## **VEHICLE RELEASE AUTHORIZATION**

<b>Date:</b>		CR#	
Village of Brockport Police De 1 Clinton Street Brockport, New York 14420	partment		
I,	, am the registere	d owner of the following vehicle.	
Vehicle make Vehicle	e year Plate #	VIN #	
I hereby authorize the release of	of said vehicle that is curre	ently in possession of () Nichols Service	
( ) Northside Service to		upon presentation of this form to	
the Brockport Police Departme	ent.		
Authorized Signature			
Sworn to me this day	of, 20		
Notary Public			