



**DEPARTMENT OF POLICE
TOWNSHIP OF PISCATAWAY
555 SIDNEY ROAD
PISCATAWAY, NJ 08854
(732) 562-2300 centralrecords@piscatawaynj.org**

CENTRAL RECORDS SECTION

**SECOND PARTY VEHICLE RELEASE
AUTHORIZATION**

I, _____ certify that I am the titled owner of the following vehicle:
NAME (Print Legibly)

_____/_____/_____/_____/_____
REGISTRATION STATE VEHICLE MAKE YEAR VEHICLE IDENTIFICATION NUMBER

and hereby authorize, _____ to take possession of my vehicle from the Piscataway Township Police Department and it's designated impound facility. I also understand that the above party assumes all responsibility of said vehicle's towing and storage fees, removal and operation of same. I have provided the proof of *valid* automobile liability insurance and *valid* registration. I also certify that all the information I have provided is true and that if any information is found to be otherwise, I may be charged criminally and fines may result.

ADDRESS OF VEHICLE OWNER CITY STATE ZIP CODE

_____/_____/_____
AUTO LIABILITY INSURANCE COMPANY POLICY NUMBER EXPIRATION DATE

_____/_____/_____
VEHICLE OWNER SIGNATURE DRIVERS LICENSE NUMBER & STATE DATE

ADDRESS OF AUTHORIZED PARTY CITY STATE ZIP CODE

_____/_____/_____
AUTHORIZED PARTY SIGNATURE DRIVERS LICENSE NUMBER & STATE DATE

THIS DOCUMENT MUST BE NOTORIZED. EXECUTE IN THIS SPACE.

_____/_____/_____
NOTARY SIGNATURE NOTARY EXPIRATION DATE TODAY'S DATE