



TRACY POLICE DEPARTMENT
VEHICLE POST-STORAGE HEARING REPORT

CASE #

VEHICLE DESCRIPTION

YEAR:	MAKE:	MODEL:
VIN:		
STATE:	LICENCE PLATE:	
STORAGE AUTHORITY:		

REGISTERED OWNER

NAME:		
ADDRESS:		
PHONE #:	PRESENT AT HEARING:	YES: NO:

WITNESSES

NAME:		
ADDRESS:		
PHONE #:		
NAME:		
ADDRESS:		
PHONE #:		

SUMMARY OF STATEMENTS

SUMMARY OF FINDINGS

VEHICLE MUST BE RELEASED:		STORAGE FACILITY NOTIFIED: YES NO	
SIGNATURE OF HEARING OFFICER	DATE:	SIGNATURE OF COMMANDER REVIEW	DATE:

