City of Lincoln
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LINCOLN POLICE DEPARTMENT

Storage Hearing Request (22852vc)

Name: _____ Date Today: _____
Vehicle make: _____ Vehicle Year: _____
Date/Time towed: _____ Report # if you know it: _____
Phone numbers – Home: _____
Cell: _____
Work: _____

Your relation to this vehicle:
( ) Registered owner
( ) Legal owner
( ) Driver
( ) Other (explain): _____
_____

You will be contacted by phone within 48 hours (excluding holidays and weekends). This phone contact may service as your hearing, though you might be required to provide documents to the hearing officers before a decision is made.

Hearing Report

Date/Time of contact: _____ Contact made: ( ) In person ( ) By phone

Person heard: ( ) R/O: _____ ( ) L/O: _____ ( ) Driver: _____

Reason for early release request:

_____

_____

_____

( ) DO NOT RELEASE ( ) RELEASE ( ) RELEASE after receipt of stipulated agreement

Reason:

_____

_____

_____

_____

Hearing Officer's Signature: _____