

**AUTHORIZATION TO RELEASE
PROPERTY TO PERSONS OTHER THAN THE OWNER**

TO: Atlanta Police Department
Property Control Unit
3493 Donald Lee Hollowell Parkway
Atlanta, GA 30331
Telephone (404) 546-4330
Fax (404) 696-1459

DATE: _____

I, _____ do hereby authorize the release of my personal
(Owner's Name) property described below:

TO: _____
(Recipients Name)

DESCRIPTION OF VEHICLE:

Tag# _____ Vehicle Year _____ Make _____ V.I.N.# _____
A current tag registration or title, in the OWNER'S NAME must accompany this form.

DESCRIPTION OF PROPERTY:

Owner's Signature: _____ Phone Number: _____

Owner's Current Address _____

Recipient's Signature _____ Phone Number: _____

Recipient's Current Address _____

Notary Public _____

*Please note that all information contained on this form **MUST BE VERIFIABLE!**
This form MUST BE NOTARIZED!