


														INVOICE NO.		
DATE				TIME		AM PM		EMPLOYEE PERFORMING IMMOBILIZATION								
MAKE				MODEL				TAG				STATE				
VIN NO.															COLOR	
ADDRESS WHERE IMMOBILIZED													CITY			
REASON FOR IMMOBILIZATION																
PHONE NO. OF AUTHORIZING PERSON						DATE				TIME		AM PM				
<b>X</b>	AUTHORIZING PERSON'S SIGNATURE						<input type="checkbox"/> FAX		AUTHORIZING PERSON / ENTITY & ADDRESS <small>(PRINT)</small>							
RELEASE TO								DRIVER'S LICENSE NO. & STATE ISSUED IN								
<b>MAXIMUM RATE FOR NON CONSENT IMMOBILIZATION PER BROWARD COUNTY ORDINANCE</b> <b>TOTAL \$68.64</b>																
	TO FILE A COMPLAINT, CONTACT BROWARD COUNTY ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION AT 954-519-1260.															
<b>PAYMENT METHOD</b>	<input type="checkbox"/> CASH				<input type="checkbox"/> CREDIT CARD				AUTH. NO.		<b>TOTAL</b>					
	<input type="checkbox"/> DEBIT CARD				<input type="checkbox"/> OTHER											
RELEASE DATE		RELEASE TIME		AM PM		INT.		<b>X</b>	RECIPIENT'S SIGNATURE							
<b>CHANGE MUST BE PROVIDED IF PAYMENT IS IN CASH</b>																