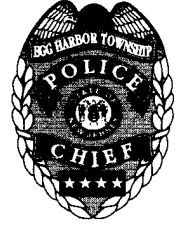


**Blaze Catania**  
Chief of Police

# DEPARTMENT OF POLICE EGG HARBOR TOWNSHIP

3515 BARGAINTOWN ROAD  
EGG HARBOR TOWNSHIP, NJ 08234-8321



(609) 926-4036  
FAX: 926-4004

## EGG HARBOR TOWNSHIP POLICE DEPARTMENT VEHICLE RELEASE

Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, do hereby give permission for  
the

Egg Harbor Township Police Department to release my Vehicle:

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Tag #: \_\_\_\_\_

The above-captioned vehicle will be released to the following:

Insurance Company: \_\_\_\_\_  
\_or their designated tow company/representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer/Clerk Id #

**\*\* When a vehicle release is signed, a copy of the owner's identification  
showing their signature is required \*\***