

Right of Redemption and Opportunity for a Hearing Notice

License number	State	Vehicle Identification Number (VIN)	Make	Model	Year
----------------	-------	-------------------------------------	------	-------	------

As the person seeking to redeem an impounded vehicle, you are hereby notified that you have certain statutory rights and obligations as set forth in RCW 46.55.

- You have the right to request a hearing in district/municipal court to contest the validity of the impound and/or the towing and storage fees. Your request for a hearing must be received by the district/municipal court within 10 days of this date. Attached is a hearing request form.
- You have the right to receive a copy of the towing and storage receipt. Attached is a copy of that receipt.
- You have the right to know the name of the person or agency authorizing the impound. This information is attached.
- If you choose to request a hearing, all funds paid to redeem your vehicle will be held in a trust account pending the disposition of that hearing.

Acknowledgment of person redeeming the vehicle or requesting access to the vehicle

As the person seeking to redeem an impounded vehicle, I acknowledge receipt of this written notice of rights in redeeming the vehicle. I understand that I have the right to request a hearing in district/municipal court and have received a form to make such a request. I have received a copy of the towing and storage receipt, the name of the person or agency authorizing the impound and acknowledge that this right of redemption and opportunity for hearing form will serve as a receipt for the vehicle.

Person seeking to redeem the vehicle

Name _____

Street address _____

City/town _____ State _____ Zip _____

Phone _____ Date _____ Time _____ a.m. p.m.

Signature _____

Additionally, if you are seeking to retrieve personal belongings from the vehicle, view the vehicle to determine the extent of damage, or request any information in regards to the vehicle, please acknowledge the purpose and time of such by your signature below. Please check the appropriate box(es) that apply to you.

- Retrieve personal belongings
 View the vehicle
 Request information on the vehicle

Person seeking any of the items checked in boxes above

Name _____

Street address _____

City/town _____ State _____ Zip _____

Phone _____ Date _____ Time _____ a.m. p.m.

Signature _____

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3600 or TTY (360) 664-8885.