

Impounded Vessel Hearing Request

File this completed request with the district/municipal court in the county where the vessel was impounded. This request **must be received by the court within 10 days** of the impound notification date. A filing fee will be required by the court.

To: The clerk of _____ district/municipal court

Address _____

The undersigned person or persons requests a hearing to contest the validity of the impoundment and/or the amount of towing and storage charges with respect to the impoundment of the vessel described below.

This request is to contest the: Validity of the impound Amount of towing and storage charges

Vessel information

Decal/Registration #	St/Prov	HIN (Hull Identification #)	Make	Vessel type	Length
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Impound facility/Towing company

Facility where vessel was impounded	Contact name	(Area code) Business phone
Address (<i>Street address, City, State, ZIP code</i>)		Impound date
Towing company, if applicable	Contact name	(Area code) Business phone

Person/Agency authorizing impound

Person authorizing impound	Agency
Address (<i>Street address or PO Box, City, State, ZIP code</i>)	

Registered owner of the vessel

Name
Address (<i>Street address or PO Box, City, State, ZIP code</i>)

Legal owner of the vessel

Name
Address (<i>Street address or PO Box, City, State, ZIP code</i>)

Party requesting hearing

Name	
Address (<i>Street address or PO Box, City, State, ZIP code</i>)	
(Area code) Daytime phone number	Signature X