			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	
X AUTHORIZING PERSON'S SIGNATURE ☐ FAX		AUTHORIZING PERSON / ENTITY & ADDRESS (PRINT)	
RELEASE TO		DRIVER'S LICENSE NO. & STATE ISSUED IN	

MAXIMUM RATE FOR NON CONSENT IMMOBILIZATION PER BROWARD COUNTY ORDINANCE

TOTAL $78.00

TO FILE A COMPLAINT, CONTACT
BROWARD COUNTY CONSUMER PROTECTION DIVISION AT 954-519-1260.

PAYMENT METHOD	☐ CASH ☐ CREDIT CARD ☐ DEBIT CARD ☐ OTHER	AUTH. NO.	TOTAL	
RELEASE DATE	RELEASE TIME AM PM	INT.	X	RECIPIENT'S SIGNATURE

CHANGE MUST BE PROVIDED IF PAYMENT IS IN CASH