



MOMENCE POLICE DEPARTMENT

123 West River Street
Momence, IL. 60954
(815) 472-2021 Office (815) 472-6152 Fax

REQUEST FOR APPEAL OF VEHICLE SEIZURE

I, _____ DO HEREBY STATE THAT I AM THE RECORD OWNER OF

YEAR OF VEHICLE _____ MAKE OF VEHICLE _____
MODEL OF VEHICLE _____ V.I.N. # _____
LICENSE _____ STATE _____

THE ABOVE LISTED VEHICLE WAS SEIZED ON _____
DATE OF SEIZURE

THE ABOVE LISTED VEHICLE WAS SEIZED AT _____
LOCATION OF SEIZURE

I BELIEVE THAT THERE WAS **NO** PROBABLE CAUSE TO SEIZE SAID VEHICLE BECAUSE:

Please attach additional sheet for extended narrative

SIGNATURE _____

PRINT NAME

PHONE #

ADDRESS CITY STATE ZIP