



Coconino County Sheriff's Office

Jim Driscoll, Sheriff



30 DAY VEHICLE IMPOUND LIMITED POWER OF ATTORNEY

VEHICLE OWNER(S)				
OWNER NAME (First, Middle, Last)		DRIVER'S LICENSE #		DATE OF BIRTH (MM/DD/YYYY)
STREET ADDRESS		CITY	STATE	ZIP
CO-OWNER NAME (First, Middle, Last)		DRIVER'S LICENSE #		DATE OF BIRTH (MM/DD/YYYY)
STREET ADDRESS		CITY	STATE	ZIP
POWER OF ATTORNEY GRANTED TO				
ATTORNEY-IN-FACT (First, Middle, Last)		DRIVER'S LICENSE NUMBER		DATE OF BIRTH (MM/DD/YYYY)
STREET ADDRESS		CITY	STATE	ZIP
VEHICLE INFORMATION				
YEAR	MAKE	MODEL	BODY TYPE	VEHICLE IDENTIFICATION (VIN)
CERTIFICATION				

I/We being the owner(s) of the motor vehicle described above, do hereby appoint the person named above to act as my/our attorney and be my/our representative and have full power to act for me/us with regard to the vehicle described above and to do all things which I/we could do if personally present to obtain the release of the vehicle and its contents.

I/We further agree to indemnify and hold harmless the Coconino County Sheriff's Office, its Board of Supervisors, and employees from and against all claims, damages, losses and expenses, arising out of, or resulting from this limited power of attorney.

I/We further certify and affirm that all information presented in this form is true and correct, that any documents I/we present are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement, representation or forgery on this form is against the law.

I/We sign my/our name to this limited power of attorney and being first duly sworn, do declare to the undersigned authority that I/we sign and execute this form as my/our limited power of attorney and the I/we sign it willingly, and as my/our free and voluntary act for the purpose expressed in this limited power of attorney, and that I/we am/are eighteen years of age or older, of sound mind and under no constraint or undue influence.



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OWNER SIGNATURE	DATE (MM/DD/YYYY)	CO-OWNER SIGNATURE	DATE (MM/DD/YYYY)

STATE OF _____)

) ss

COUNTY OF _____)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20__.

(seal)

Notary Public