

CLALLAM COUNTY DISTRICT COURT I

APPLICATION FOR IMPOUND HEARING

NAME OF PERSON(S) MAKING CLAIM (PLAINTIFF(S))

COMPLETE ADDRESS

TELEPHONE

NAME OF COMPANY OR LAW ENFORCEMENT AGENCY THAT AUTHORIZED

COMPLETE ADDRESS

TELEPHONE

NAME OF TOW COMPANY

COMPLETE ADDRESS

TELEPHONE

NAME OF REGISTERED OWNER OF VEHICLE

COMPLETE ADDRESS

TELEPHONE