



VEHICLE OWNER(S)

OWNER NAME (first, middle, last)		DRIVER'S LICENSE NUMBER	DATE OF BIRTH (MM/DD/YYYY)	
STREET ADDRESS		CITY	STATE	ZIP
CO-OWNER NAME (first, middle, last)		DRIVER'S LICENSE NUMBER	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 NUMBER (VIN)
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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 my/our vehicle from impound, including, sign all necessary documents; pay all fees and take full possession of the vehicle and its contents.

I/We further agree to indemnify and hold harmless the City of Avondale, its council, employees and volunteers 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 that 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.

OWNER SIGNATURE	DATE (MM/DD/YYYY)	CO-OWNER SIGNATURE	DATE (MM/DD/YYYY)
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STATE OF _____)
) ss
 COUNTY OF _____)

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

(seal)

 Notary Public