

## Impounded Vessel Hearing Request

File this completed request with the district/municipal court in the county where the vessel was impounded. This request **must be received by the court within 10 days** of the impound notification date. A filing fee will be required by the court.

To: The clerk of \_\_\_\_\_ district/municipal court

Address \_\_\_\_\_

The undersigned person or persons requests a hearing to contest the validity of the impoundment and/or the amount of towing and storage charges with respect to the impoundment of the vessel described below.

**This request is to contest the:**     Validity of the impound     Amount of towing and storage charges

**Vessel information**

Decal/Registration #	St/Prov	HIN (Hull Identification #)	Make	Vessel type	Length
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**Impound facility/Towing company**

Facility where vessel was impounded	Contact name	(Area code) Business phone
Address ( <i>Street address, City, State, ZIP code</i> )		Impound date
Towing company, if applicable	Contact name	(Area code) Business phone

**Person/Agency authorizing impound**

Person authorizing impound	Agency
Address ( <i>Street address or PO Box, City, State, ZIP code</i> )	

**Registered owner of the vessel**

Name
Address ( <i>Street address or PO Box, City, State, ZIP code</i> )

**Legal owner of the vessel**

Name
Address ( <i>Street address or PO Box, City, State, ZIP code</i> )

**Party requesting hearing**

Name	
Address ( <i>Street address or PO Box, City, State, ZIP code</i> )	
(Area code) Daytime phone number	Signature <b>X</b>