

## POST STORAGE HEARING REQUEST

*Pursuant to Section 22852 of the California Vehicle Code*

### PURPOSE OF HEARING

The purpose of a Post Storage Hearing is solely for determining the validity of the impoundment. A hearing is also to determine if a vehicle that is impounded for thirty (30) days is eligible for early release, pursuant to 14602.6 of the California Vehicle Code. As a vehicle owner, you have the right to a Post Storage Hearing pursuant to Section 22852 of the California Vehicle Code.

### HOW TO REQUEST A HEARING

The request for a hearing must be within ten (10) days of the date of mailing of the "Notice of Stored Vehicle". Failure to request a hearing within ten (10) days of the notice, or failure to attend a scheduled hearing will end your right to a hearing. Information regarding this process is available 8:30 am to 5:00 pm, Monday through Friday (except holidays), by calling 818.898.1256.

1. For a hearing in writing, you must complete the bottom portion of this form and return it to:  
 San Fernando Police Department – Detective Bureau  
 910 First Street, San Fernando, CA 91340
2. Hearing by telephone or in person are by appointment only. To request an appointment, call 818.898.1256.

### RESULTS OF HEARING

Pursuant to Section 22852 V.C., a hearing will be conducted within forty-eight (48) hours (excluding weekends and holidays) after your request has been received by the San Fernando Police Department Detective Bureau. The Supervisor that reviews the matter will provide a written reply to you. You may also call 818.898.1256 for results of your hearing.

### POST STORAGE HEARING REQUEST *To be Completed by the Registered or Legal Owner*

|  |              |                 |                         |
|--|--------------|-----------------|-------------------------|
| TODAY'S DATE   | TIME         | DATE OF IMPOUND | REPORT NO.              |
| VEHICLE YEAR   | VEHICLE MAKE | VEHICLE MODEL   | LICENSE PLATE NO. STATE |
| PERSON REQUESTING HEARING FULL NAME  |              |                 |                         |
| ADDRESS  |              | CITY            | STATE & ZIP CODE        |
| PHONE NO.  |              | EMAIL ADDRESS   |                         |
| YOUR INTEREST IN VEHICLE   |              |                 |                         |
| <input type="checkbox"/> THE REGISTERED OWNER <input type="checkbox"/> THE LEGAL OWNER <input type="checkbox"/> OTHER (EXPLAIN): |              |                 |                         |

STATEMENT OF ALL OF THE FACTS THAT YOU WOULD LIKE CONSIDERED *Attach an additional page if necessary*

SIGNATURE

### FOR OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

|                    |             |
|--------------------|-------------|
| DATE/TIME RECEIVED | RECEIVED BY |
| COMMENTS           |             |