



# City and Borough of Sitka

## POLICE DEPARTMENT

304 Lake Street, Room 102 • Sitka, Alaska 99835

Sheldon Schmitt  
Chief of Police

Business 747-3245  
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### PRIVATE PERSONS IMPOUND/CITATION REQUEST FORM

#### SCG 11.40.180 PENALTIES FOR ILLEGAL PARKING

In the event of any violation of Sections 11.40.150 through 11.40.160 and upon the written request of the rightful owner or lessee of the off-street private parking place, any vehicle parked in off-street parking facilities without permission of the owner, or any vehicle blocking the ingress or egress of motor vehicles to and from private parking spaces, shall be impounded by the municipality and the vehicle towed to an approved storage facility where it shall be retained until the owner pays the towing charges. Any vehicle not reclaimed within thirty days shall be deemed abandoned and the notice of sale shall be given as required by Section 11.60.020A.

If the vehicle is worthless, or the proceeds of the sale are insufficient to cover costs of sale or removal, the person who gave written request to remove the vehicle shall be responsible for paying the difference.

I hereby certify by my signature below, that I am the lawful representative of the person, firm or corporation below, upon whose property, the following described vehicle is unlawfully parked. I also agree to pay for all fees incurred against the vehicle if these fees are not paid by the owner of the vehicle. It is further understood, that my signature does hereby release and agree to hold harmless, the City & Borough of Sitka from any claims by any person(s) for damages arising from the removal or impoundment of the below listed vehicle:

YR: \_\_\_\_\_ MAKE: \_\_\_\_\_ LIC #: \_\_\_\_\_

\_\_\_\_\_ I request the Police Department, City of Sitka, to impound the above vehicle. SCG.11.40.180

\_\_\_\_\_ I request the Police Department, City of Sitka, to cite the above vehicle only. SCG.11.40.180

\_\_\_\_\_  
Lawful Representative of Property/Name of Person, Firm-Corporation

\_\_\_\_\_  
Address and Telephone Number

\_\_\_\_\_  
Date of Request

DR Number \_\_\_\_\_

\_\_\_\_\_  
Police Officer Accepting This Form