

WRITTEN CONSENT TO OPERATE MOTOR VEHICLE

Registered Owner: _____

Address: _____ City & State: _____

Phone: _____ Relationship: _____

Description of Vehicle

Year: _____ Make: _____ Model: _____ Color: _____

V.I.N.: _____ Lic. Plate No.: _____ Exp. Date: _____

I _____ give _____ permission to
(Registered Owner) (Name of Resident)

Operate the above described vehicle with the guidelines established by the facility. I realize this authorization means this vehicle may be inspected by facility staff for contraband at any time the resident is in possession of the vehicle. I also realize facility staff MUST be supplied with a complete set of keys for the vehicle (ignition AND all locks) for security reasons and in case of emergency.

Signature of Registered Owner Date

Witness Signature/Title Date

NOTE: This Authorization MUST be signed in the presence of Facility Staff or a Notary Public.

For Public Information Only