



Nevada Taxicab Authority

State of Nevada - Business and Industry

2090 E. Flamingo Road Suite 200
Las Vegas, Nevada 89119
Telephone (702) 668-4000 • Fax (702) 668-4001
<http://taxi.nv.gov>

POWER OF ATTORNEY

Date: _____

RE: Vehicle Impound Hearing

Impound Number: _____

Event Number: _____

Vehicle Make/Model/Year: _____

VIN#: _____

I, _____ am the legal and/or registered owner of the above impounded vehicle.

I hereby authorize _____ to act on my behalf in the scheduled vehicle impound hearing.

Please allow _____ to speak and give any information and/or documentation needed, and to negotiate a fine should that issue arise to resolve this matter.

I further acknowledge _____ has my consent to represent me in regard to the release of the impounded vehicle.

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISPRESENTATIONS, OMISSIONS, OR FALSIFICATIONS IN THE FOREGOING STATEMENT.

Dated this _____ day of _____, 20 _____.

Registered Owner of Vehicle (Signature)

Full Name (Printed)

XXX-XX-

Social Security Number (Last Four)

Date of Birth

STATE OF NEVADA)
)
County of Clark)

Subscribed and Sworn before me this _____ day of _____, 20 _____.

Signature of Notary