

Impound Hearing Request Form

I hereby request a formal hearing concerning the refund of the **NO INSURANCE** Impound fee .

Driver Information

Full Name

Driver License Number

Date of Birth

Email Address

Address

City, State, Zip code

Phone Number

Date of Request

Impound Information

Date of Impound

Citation Number

City and County where Impound occurred

Reason for Impoundment

Vehicle Information

Year, Make, and Model of Vehicle

Vin Number of Vehicle

Name of Register Owner

Plate Number of Vehicle

Insurance Information

Insurance Company

Insurance Policy Number

Email Form To: dlsr22@utah.gov

Fax Form To: 801.965.4844