

Kane County Sheriff's Office



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www.KaneSheriff.com

Ron Hain, Sheriff

Amy Johnson, Undersheriff

JUNKING CERTIFICATE REQUEST

Sheriff's M.V. # _____ Sheriff's tow report # _____

Date of request _____

Year _____ Color _____ Make _____

Model _____ Body Style _____

License Plate # _____ State _____ Expires _____
Month / Year

Vin # _____

Vehicle removed from _____
Address _____ City _____

Reason for a tow: _____

Towed by _____ Date of tow _____

Address _____ Phone _____

Amount of tow \$ _____ Daily storage rate \$ _____

I further agree to keep said vehicle currently located at _____

and notify the Kane County Sheriff's Office of any change in the status of said vehicle.

Additional information: _____

I, the undersigned, hereby authorize the Kane County Sheriff's Office, to assist in disposing of the above-described vehicle, in accordance with 625, ILCS5/4-201.

Signed: _____