

MOA #
APD #

**MUNICIPALITY OF ANCHORAGE
IMPOUND/FORFEITURE PROGRAM
FEES, CONDITIONS, AND TERMS OF RELEASE OF VEHICLE**
Pursuant to AMC 9.28.035 for Operation by Delinquent Offender

Registered Owner(s)/Lien Holder: _____

Plate #: _____ Year/Make/Model: _____

1. Call the Municipal Attorney's Office, Impound/Forfeiture Program located in City Hall at 632 West 6th Avenue, Suite 730 during regular business hours: Monday – Friday 12:00 a.m. to 4:30 p.m. **and bring the current registration or title, proof of insurance, and government-issued ID.**
2. Pay the Administrative Fee (non-refundable) in the amount of **\$410.00 CASH (\$200.00 to account number 151-9482-4624) (\$210.00 to account 101-9482-1152)** and the Vehicle Return Bond (refundable) in the amount of \$_____ **CASH (account number 151-0625).**
3. Retrieve vehicle from towing company upon provision of current registration, proof of insurance, a government issued ID and payment of towing and storage fees.

TERMS AND CONDITIONS OF RELEASE

1. This is a temporary release. If your delinquent fees remain in excess of \$2,500.00, you are on the scofflaw list and any vehicle you drive may be subject to seizure.
2. This bond will **not** be applied to your delinquent fines/fees.
3. This bond is valid until:
 - a. The Court issues an order forfeiting the vehicle and the vehicle is returned to the tow yard;
 - b. The Administrative Hearing Office or the Court orders the Municipality to release the vehicle; or
 - c. All fines & fees are paid in full.
4. When one of the events listed above in 3 occurs, the bond will be refunded to you unless you owe money to the Municipality, in which case the bond may be applied to cover the cost of imprisonment, fees for court-appointed attorneys, or any other amounts owed. Otherwise, check requests for refunds are prepared automatically when the Municipality receives notification of one of the above events.

I have read, understand, and agree to the above conditions and terms of release.

Signature: _____

Print Name: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

MOA USE ONLY

Please state amount of payment, date received and who accepted same on behalf of the Municipality in the spaces provided.

Date: _____

Receipt No.: _____

Amount: \$ _____

REVISED: 09/05/2023
