



# Vehicle Release Form

## Vehicle Owner Information

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Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Motor Vehicle Information

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Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: \_\_\_\_\_ License Plate: \_\_\_\_\_

## Authorized Person/Company

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Name of Authorized Person/Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Claim # (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***I hereby certify that I am the legal owner of the above listed motor vehicle, and thus authorize the release of said vehicle to the above specified Authorized Person(s) and/or insurance company, and/or agent thereof.***

\_\_\_\_\_  
Vehicle Owner's Name (Print)

\_\_\_\_\_  
Vehicle Owner's Signature

\_\_\_\_\_  
Date