

Vehicle Release Form

I, Armstrong Towing Service, a	am the legal			
following per-son(s) and/or i				ald verilicle to the
Authorized Person or Insu	urance Company			
Name:				
Address:	City:		_State:	_
Zip Code:	Phone:		_	
Claim #: (if applicable)	-			
Motor Vehicle Information				
Year:	Make:	Model:		_
Color:	Vin #:			_
Owner Information				
Name:	D	riv Lic #:		-
Address:	City:		_State:	_
Zip Code:	Phone:			
Vehicle Owner's Signature:		Date: _		_
California Notary Acknowl	ledgment			
, ·	ther officer completing this	S		
	nly the identity of the ed the document to which	this		
certificate is attache accuracy, or validitiy	ed, and not the truthfulness	s,		
,	, or that accument.			
State of California County of				
	_			
Onpersonally appeared	before me,	(nam	ne and title of officer),	
son(s) whose name(s) is/are				
cuted the same in his/her/the person(s), or the entity upon		•	_	• •
I certify under PENALTY OF	· ·			
true and correct				3 31 3 1
WITNESS my hand and office	cial seal.			
Signature:	Date:	Sea	al·	