

ARMSTRONG TOWING SERVICE

Vehicle Release Form

I, _____ am the legal owner of the below listed motor vehicle presently stored by Armstrong Towing Service, and thus authorize the personnel of said company to release said vehicle to the following person(s) and/or insurance company, and/or agent thereof:

Authorized Person or Insurance Company

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____

CLAIM #: (if applicable) _____

MOTOR VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ VIN #: _____

OWNER INFORMATION:

NAME: _____ DRIV LIC #: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____

Vehicle Owner's Signature: _____ Date _____

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