

TAYLORS VEHICLE RELEASE FORM

info@taylors24wreckerservice.com

CALL # _____

DATE: _____

YEAR: _____

MAKE: _____

MODEL: _____

VIN# _ _ _ _ _

REGISTERED OWNER: _____

LICENSE # _____

REGISTRATION DATE: _____

INSURANCE COMPANY : _____

CLAIM # _____

RELEASED TO : _____

PROPERTY RELEASED: YES _____ NO _____

REGISTERED OWNER SIGNATURE: _____

REGISTERED OWNER NAME : _____

AUTHORIZED PERSON SIGNATURE: _____