R & D Towing & Recovery LLC

96 E Main Street PO Box 336

Milltown, Wisconsin 54858

Phone: 715-8258-4519

Fax: 715-825-4601

Vehicle Owner Release Form

I,	, am the legal and rightful owner of the below			
listed motor vehicle Recovery LLC. , and	presently stored on the I thus authorize the per and/or insurance compa	property owned sonnel of said co	l and operated by ompany to relea	y R & D Towing &
NAME: (authorized	person or Insurance Co	ompany)		
ADDRESS:		CITY:		STATE:
ZIPE CODE:	PHONE:		CLAIM #: (if applicable)	
MOTOR VEHICL	E INFORMATION:			
YEAR: I	MAKE:		MODEL:	
COLOR:	VII	VIN#:		
OWNER VEHICL	E INFORMATION:			
NAME:		DRIV LIC	#:	
ADDRESS:		CITY:		STATE:
ZIP CODE:	PHONE:			EXT:

Furthermore, I understand that if the motor vehicle is to be released to an individual person, that person will be required to present a "valid" <u>photo I.D.</u> card that must be in one of the following forms: 1) Any U.S. state issued driver's license, 2) Any U.S. state issued personal I.D. card, 3) U.S. Military I.D. card or, 4) U.S. Government issued passport, with Photo.

I am also aware that in the event that the said motor vehicle is in a "drivable" condition, a person with a "valid" driver's license from any state within the United States, will be the only individual allowed to remove said motor vehicle off of any and all vehicle storage properties, or otherwise, owned and operated by **R & D Towing & Recovery LLC**, and that said person (driver) will be required to produce proof of this driver's license upon demand by personnel at **R & D Towing & Recovery LLC**.

NOTICE: VEHCILE OWNER

A copy of your driver's license and motor vehicle registration card, certificate, or Title Must accompany this form. If the owner is authorizing this release from either a hospital bed, or while being detained in any prison and/or jail, he/she must have this form signed and witnessed by a legally certified/commissioned Notary Public (see below). If form is not notarized it will be null in void and not accepted.

	DATE: //
MOTOR VEHICLE OWNERS SIGNATURE:	
	MY COMMISSION EXPIRES ON:
NOTORY PUBLIC – SIGNATURE	/
	(NOTORY STAMP/SEAL)
NOTORY PUBLIC – PRINT NAME	