

OB TOWING LTD[®]

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☎ 416 707-1940



Towing Authorization and Damage Waiver

Date: _____
(YYYY/MM/DD)

First Name: _____ Last Name: _____ Phone Number: _____
(Owner's Name) (Owner's Last Name)

Customer's Driver's License # _____ Date of birth: ____/____/____
(YYYY/MM/DD)

Address: _____ City _____ Postal Code _____

Vehicle Information: _____ VIN: _____
(Make) (Model) (Year) (Vehicle Identification Number)

Upon signing this document, I am freely admitting that I have the legal right to authorize OB Towing Ltd to tow my vehicle. I also agree and understand that circumstances outside OB Towing's control, with regard to the current situation of my vehicle, may make the towing recovery and removal of my vehicle unusually difficult. And I unconditionally release, waive and discharge my right, whether by contract or under operation of law to file cause of action(s) or claim(s) which I may have against now or in the future.

I hereby assume any and all risk of loss, liability, damage, or costs, and understand that any and all damages that may occur will be as a result of the accident not as a result of any negligence on the part of OB Towing Ltd.

I fully understand the terms set forth in this form, and I hereby waive my rights freely and voluntarily without any inducement, assurance, or guarantee being made to me to the fullest extent allowed by law.

Customer's Signature: _____

Driver's Signature: _____