

Vehicle Release Form

Authorized Person or l	Insurance Company		
NAME:		-	
	CITY:		STATE:
XIP CODE:	PHONE:		_
CLAIM #: (if applicable)			
MOTOR VEHICLE INFO	RMATION:		
/EAR:	MAKE:	MODEL:	
COLOR:	VIN #:		
OWNER INFORMATION	<u>1</u> :		
IAME:		DRIV LIC #:	
DDRESS:	CITY:		STATE:
IP CODE:	PHONE:		
Vehicle Owner's Signature: Date			