

INSURANCE RELEASE AND/OR PROPERTY RETREIVAL FORM

Date:	Invoice #:		
Owner's Name:			
Address:			
Phone #:	Cell #:		
Insurance Company:			
Phone #:	Policy #:		
Do you have Compensation and/	or collision? yes	sno	
Year: Make:	Model:	_	
VIN:		- ,	
I hereby authorize my insurance	company to pick up	my vehicle on my behalf:	
X			
I have removed all personal belo	ngings from my veh	icle:	
X			
List of property removed from th	ie vehicle:		
1	2	3	
4	5	6	
7	8	9	
X		X	
Owner of vehicle		Authorized Employee	
NOTARY PUBLIC		County, State of	
		20 by	
Notary Public Signature			
My Commission Expires on		_•	