

UNIVERSAL TOWING

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 ___ no

Year: _____ Make: _____ Model: _____

VIN: _____

I hereby authorize my insurance company to pick up my vehicle on my behalf:

X _____

I have removed all personal belongings from my vehicle:

X _____

List of property removed from the vehicle:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

7. _____ 8. _____ 9. _____

X _____

X _____

Owner of vehicle

Authorized Employee

NOTARY PUBLIC

Acknowledged before me in _____ County, State of _____.

_____ (month/day), 20__ by _____.

Notary Public Signature

My Commission Expires on _____.