

AUTO MEDIC

Wrecker & Towing

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PRIVATE PROPERTY VEHICLE REMOVAL FORM

REMOVAL REQUESTED BY: _____

TITLE OR POSITION: _____

PHONE NUMBER OF REQUESTER: _____

ADDRESS: _____ STATE: _____ ZIP: _____

MAKE: _____ MODEL: _____ YEAR: _____

BODY TYPE: _____ TAG: _____ COLOR: _____

VEHICLE IDENTIFICATION # (VIN) _____

DOES THE VEHICLE HAVE TIRES? YES: _____ NO: _____

ARE THE TIRES FLAT? YES: _____ NO: _____

IF YES, WHICH TIRE(S)? DRIVER'S FRONT PASSENGER'S FRONT

DRIVER'S REAR PASSENGER'S REAR

VEHICLE CONDITION: GOOD BAD POOR

THE REQUESTED INFORMATION IS NECESSARY TO REMOVE THE CORRECT VEHICLE AND TO DETERMINE THE NECESSARY EQUIPMENT FOR PROPER REMOVAL.

**THE ABOVE-DESCRIBED VEHICLE HAS BEEN LEFT UNATTENDED ON MY PERSONAL PROPERTY. Auto Medic Wrecker & Towing HAS MY PERMISSION TO REMOVE THIS VEHICLE AS SOON AS POSSIBLE.

CUSTOMER'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____

FOR USE BY Auto Medic Wrecker & Towing ONLY

DRIVER SIGNATURE: _____ TRUCK #: _____

CALL NUMBER: _____ LOT TAKEN TO: _____

CALLED LOCAL POLICE DEPT: YES _____ NO _____