

AUTO MEDIC

Wrecker & Towing

25700 State Hwy 59 Loxley, AL 36551 Office Number: (251)986-9968

Email Address: automedicwrecker@gmail.com

Vehicle Release Form

Date: ____/____/____

Call Number (OFFICE USE ONLY):

I, _____ would like to release my:

Year _____ Make _____ Model _____

Vin # _____

License Plate # _____ Driver's License # _____

Insurance Company _____ Policy # _____.

I, _____ authorize release of my vehicle to (RO or Agent) _____; authorize Auto Medic Wrecker & Towing to deliver said vehicle to pre-determined location or body shop and release Auto Medic Wrecker & Towing from any and all liability from this moment.

Signature _____ Phone # () _____ - _____

Please Attach Copy of Driver's License Here