

REGISTERED OWNER COMPLETE:

VEHICLE RELEASE CONTRACT

NAME: ADDRESS: _____ E-MAIL: PHONE #: **VEHICLE DESCRIPTION:** YEAR/MAKE/MODEL: LICENSE PLATE: VIN#: I AUTHORIZE 805 ROADSIDE TOWING TO RELEASE MY VEHICLE TO: **INSURANCE COMPANY: INDIVIDUAL:** COPY OF VALID DRIVER LICENSE OR IDENTIFICATION CARD REGISTERED OWNER SIGNATURE: X_______DATE: ______

RETURN VIA: FAX: 805-259-3334

EMAIL: 805ROADSIDE@GMAIL.COM