

# ***Interstate Towing Inc.***

880 NW 1 AVE  
BOCA RATON, FL 33432  
421 NE 7<sup>TH</sup> AVE  
BOYNTON BEACH, FL  
33435

PHONE: (561) 496-4650 FAX: (561) 361-9155

## **VEHICLE RELEASE**

I, \_\_\_\_\_, am the legal & rightful owner of the below listed motor vehicle/vessel presently stored on the property owned and operated by INTERSTATE TOWING INC., and thus authorize the personnel of said company to release said vehicle/vessel to the following person(s) and/or insurance company and/or agent thereof. I also understand that if the form is not completed in-full, it will be considered "invalid" and thus rejected by the management and/or personnel at INTERSTATE TOWING INC.

### OWNER INFORMATION:

NAME: \_\_\_\_\_ DRIVER LIC# \_\_\_\_\_ STATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

### VEHICLE / VESSEL INFORMATION:

(YEAR) (MAKE) (MODEL)  
(VIN / HULL)

### DESIGNATED AGENT TO ACT ON OWNER'S BEHALF:

\_\_\_\_ CHECK HERE IF RELEASED TO INSURANCE CO AND/OR BODY/REPAIR SHOP

NAME: \_\_\_\_\_ DRIVER LIC# \_\_\_\_\_ STATE: \_\_\_\_\_  
INSURANCE COMPANY: (If applicable) \_\_\_\_\_  
BODY/REPAIR SHOP/TOWING COMPANY: (If applicable) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

..... PLEASE INCLUDE A COPY OF THE VEHICLE/VESSEL OWNER'S DRIVER LICENSE. ....

X \_\_\_\_\_

\_\_\_\_ (SIGNATURE OF VEHICLE OWNER)