

24/7 Towing
340 E95th ct
Anchorage, AK, 99515
907 444 5555

Vehicle Release Form

I, _____ am the legal registered owner of the below listed vehicle presently stored on the property of **24/7 Towing**, and thus authorize the personnel of said company to release said vehicle to the following person(s) and/or Insurance company, and/or agent thereof:

(Authorized Person and/or Insurance Company) _____

MOTOR VEHICLE INFORMATION:

Year: _____ MAKE: _____ MODEL: _____

License#: _____ VIN #: _____

OWNER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone#: _____ Driver License #: _____

*I acknowledge that by doing so, I release **24/7 Towing** from any and all liabilities, seen and unforeseen from this moment forth.*

Signature: _____ Date: ____/____/____