

Authorization/ Release Form

First Name : _____ Last Name : _____

Home Phone: _____ Cell Phone: _____

Vehicle Year/Make Model: _____

Vin# _____ Claim # _____

License# _____ Insurance Company: _____

I / We _____ Owner of the vehicle given permission to

ISLAND AUTO TOWING to release my Vehicle to the Above Insurance Agency.

ISLAND'S AUTO TOWING will **NOT** Be RESPONSIBLE for LOSS or DAMAGES of Articles left inside the vehicle. PLEASE REMOVE all valuable items before leaving _____ (initial only)

In the event of this vehicle is Deemed to be a total loss, I /We Hereby REALSE said to the vehicle to the responsible Agency.

Signature : _____ Date: _____

OFFICE :

ISLAND AUTO TOWING

2620 MCCONE AVE HAYWARD CA 94545

NEED :

ID

Proof Of Ownership