

Sully's Towing and Recovery Inc.

24 Hour Service

321 N Second Street
Princeton, In 47670

Phone: 812-635-0252
Fax: 812-635-0253

Vehicle Property Release Form

I, _____, am the legal and rightful owner of the below listed motor vehicle presently stored on the property owned and operated by Sully's Towing Recovery INC, and thus authorize the personnel of said company to release said property to the following person(s) and/or insurance company, and/or agent thereof:

NAME: (authorized person) _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

MOTOR VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ VIN# _____

OWNER INFORMATION:

NAME: _____ DRIV LIC# _____ STATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____ PHONE: _____

Description of property to be released:

Furthermore, I understand that in the event that the aforementioned property is to be released to an individual person, that person will be required to present a "valid" photo identification card that must be in one of the following forms: 1) Any U.S. state issued driver license, 2) Any U.S. state issued personal identification card, 3) U.S. Military identification card or, 4) US Government Issued Passport, with Photo.

NOTICE: VEHICLE OWNER

A copy of your driver's license and motor vehicle registration card, certificate, or title MUST accompany this form. The owner is authorizing this release from either a hospital bed, or while being detained in any prison and/or jail, he/ she must have this form signed and witnessed by Hospital or Jail Staff.

X _____ DATE: ____/____/____

MOTOR VEHICLE OWNER'S SIGNATURE:

WITNESS SIGNATURE TITLE: _____ PHONE: _____

WITNESS PRINT NAME DATE: ____/____/____