



509 W. Lambert Rd. Brea 92821

TEL (714) 773-0100 FAX (714) 447-3424

RELEASE AUTHORIZATION

DATE _____

YEAR	MAKE	MODEL	COLOR

LAST 6 OF THE VIN #	LICENSE PLATE #

I, the registered and therefore legal owner of the above vehicle, hereby authorize Brea Towing Services to release

RELEASED TO NAME	
INSURANCE CARRIER	

REGISTERED OWNER'S INFORMATION

FIRST & LAST NAME	
PHONE #	
DRIVERS LICENSE #	

PLEASE FAX OVER A COPY OF YOUR
REGISTRATION & DRIVERS LICENSE.

SIGNATURE _____