



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 subject vehicle as indicated.

RELEASED TO:	
INSURANCE CARRIER:	

REGISTERED OWNER'S INFORMATION

FIRST & LAST NAME	
PHONE#	
DRIVERS LICENSE #	

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

SIGNATURE:
