Vehicle Owner Release Form

I,			, am the legal a	and rightful owner of the below
	onnel of said company to rel			ted by A Tow, Inc. , and thus wing person(s) and/or insurance
NAME: (authorized	d person or Insurance Comp	any)		_
ADDRESS:		CITY:		STATE:
ZIP CODE:	PHONE:			
	MOTOR V	EHICLE IN	FORMATION:	
YEAR:	MAKE:		MODEL:	
COLOR:	VIN #	:		
	OWN	ER INFORI	MATION:	
NAME:			DRIV LIC #:	
				STATE:
	PHON			
Passport, with Phassport, with Phassport, with Phassport, with Phassport accompany this bed, or while be	hat in the event that the sainse from any state within the off of any and all vehicle sat said person (driver) will anel at A Tow, Inc. driver's license and mot form. In the event that the	d motor ve e United St storage pro be required or vehicle owner is on and/or	hicle is in a "driva ates, will be the or perties, or otherw d to produce prod registration car authorizing this i jail, he/she mus	able" condition, a person with a nly individual allowed to remove rise, owned and operated by A of of this driver's license upon rd, certificate, or Title MUST release from either a hospital thave this form signed and w).
MOTOR VEHICLE	OWNER'S SIGNATURE			DATE
MY COMMISSION	N EXPIRES ON:			
NOTARY PUBLIC	- SIGNATURE	DATE		-
(NOTARY STAMF	P/SEAL)			
NOTARY PURI IC	- PRINT NAME			