



Frank and Bill's Auto Collision Center
3306 Mountain Road
Pasadena, MD 21122

Authorization to Release Vehicle

Date: _____

Year/ Make/ Model: _____

Insurance Company/Claim#: _____

I, _____,
authorize Frank & Bill's Auto Collision Center to release the vehicle
listed above to the towing company designated by my insurance
company. I have removed all of my personal belongings as well as my
license plates. I recognize that by signing below, my vehicle will be
removed from Frank & Bill's Auto Collision Center and I will no
longer have access to the vehicle.

(Signature of Vehicle Owner)

(Date)