

# Interstate Towing & Recovery LLC

2475 N 42nd St. Grand Forks, ND 58203  
Office-(701)772-6592 Fax-(701)772-6629  
WWW.TOWINGND.COM

## Vehicle Owner Release Form

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

NAME: (authorized person or Insurance Company) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ CLAIM #: (if applicable) \_\_\_\_\_

### **MOTOR VEHICLE INFORMATION:**

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ VIN #: \_\_\_\_\_

### **OWNER INFORMATION:**

NAME: \_\_\_\_\_ DRIV LIC #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

Furthermore, I understand that in the event that the aforementioned motor vehicle 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 drivers license, 2) Any U.S. State issued personal identification card, 3) U.S. Military identification card or, 4) U.S. Government issued Passport, with Photo.**

I am also aware that in the event that the said motor vehicle is in a "drivable" condition, a person with a "valid" drivers license from any state within the United States, will be the only individual allowed to remove said motor vehicle off of any and all vehicle storage properties, or otherwise, owned and operated by Interstate Towing & Recovery and that said person (driver) will be required to produce proof of this drivers license upon demand by personnel at Interstate Towing & Recovery

## NOTICE: VEHICLE OWNER

**A copy of your drivers license and motor vehicle registration card, certificate, or Title MUST accompany this form. In the event that 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 a legally certified/commissioned Notary Public (see below).**

\_\_\_\_\_  
MOTOR VEHICLE OWNER'S SIGNATURE:

\_\_\_\_\_  
NOTARY PUBLIC - SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC - PRINT NAME

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MY COMMISSION EXPIRES ON:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

(NOTARY STAMP / SEAL)