



"Leading at every turn"

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INSURANCE / PROPERTY RELEASE FORM

DATE: _____

INVOICE: _____

OWNER'S NAME: _____

ADDRESS: _____

PHON#: _____ CELL: _____

INSURANCE COMPANY: _____

PHONE NUMBER: _____ POLICY NUMBER: _____

DO YOU HAVE COPENSAIQN AND/OR COLLISION? _____ YES _____ NO

I HEREBY AUTHORIZE MY INSURANCE COMPANY TO PICKUP MY VEHICLE ON MY BEHALF:

X _____

I HAVE BEEN MADE AWARE THAT IF MY INSURANCE COMPANY DOES NOT SATISFY THE FEES OWED AGAINST MY VEHICLE, THAT I AM LIABLE FOR THE PAYMENT OF THESE FEES.

X _____

I HAVE REMOVED ALL MY PERSONAL BELONGINGS FROM MY VEHICLE:

X _____

LIST OF PROPERTY REMOVED FROM VEHICLE:

- 1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

X _____

X _____

OWNER OF VEHICLE

AUTHORIZED EMPLOYEE