Moffo's Towing

2308 NW 71st Place Gainesville, Fl. 32605
352-222-6483
dispatch@moffostowing.com

Vehicle Release Authorization Form

VIN#_____Tag#_____

YEAR_____MAKE_____MODEL_____COLOR_____

I _____ am releasing my vehicle to my insurance company

and any affiliated company, or private individual listed below. I will not hold Moffo's Towing responsible for any damage to said vehicle or any legal issues. I have removed all belongings from the following vehicle.

_____

SIGNATURE OF VEHICLE OWNER: **DATE:**

_____

ADDRESS

PHONE: _____ EMAIL:_____

_____

NAME OF COMPANY OR PERSON TO RELEASE VEHICLE TO:

INSURANCE CLAIM# (if applicable) _____

For an acknowledgment in an individual capacity for the State of: _____
And COUNTY OF _____
The foregoing instrument was acknowledged before me this _____ day of 20____, by (name of person acknowledging.)

_____ (Seal) Signature of Notary Public
Print, Type/Stamp Name of Notary
Personally known:_____
OR Produced Identification:_____ Type of Identification Produced:_____