



DCA Lic. #1015604

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Plate \_\_\_\_\_ VIN \_\_\_\_\_

Vehicle Owner/Insured \_\_\_\_\_

*If you are releasing the vehicle to your insurance company, fill out the following:*

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Please allow my insurance company or authorized agent access to my vehicle for inspection and damage assessment.

If the insurance company deems my vehicle a total loss, allows their authorized agent to redeem the salvage.

*If you are releasing your vehicle to a repair shop, towing company, or another individual, fill out the following (this section requires this form to be NOTARIZED):*

Please release my vehicle to the following repair shop/towing company:

\_\_\_\_\_

Please release my vehicle to the following individual:

\_\_\_\_\_

***I hereby certify that I am the registered owner of said vehicle, and I agree to release my vehicle to the party listed above.***

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name