



7070 SW 12<sup>th</sup> Street  
Miami, FL 33144  
Phone: (305) 261-9520

### Vehicle Release Form

I, \_\_\_\_\_, am the legal and rightful owner of the below listed motor vehicle presently stored on the property owned and operated by Sunshine Towing, Inc., 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# \_\_\_\_\_ STATE: \_\_\_\_\_

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

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

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 driver 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 said motor vehicle is in a "drivable" condition, a person with a "valid" driver 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 **Sunshine Towing, Inc.**, and that said person (driver) will be required to produce proof of this driver license upon demand by personnel at **Sunshine Towing, Inc.**

### NOTICE:

#### VEHICLE OWNER

A **copy of your driver's 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 prison and/or jail, he/she must have this form signed and witnessed by a legally certified/commissioned Notary Public (see below).

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

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

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

MY COMISSION EXPIRES ON: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

- Personally Known, OR
- Produced Identification; Type:

(NOTARY STAMP/SEAL)