

Salvage Vehicle Release Authorization

Vehicle Information

Year:

Make:

Model:

VIN:

License Plate #:

Owner Information

Owner Name:

Address:

Phone Number:

Email:

Authorized Salvage Yard / Facility

Business Name:

Contact Name:

Address:

Phone Number:

Release Authorization

Date of Authorization:

I hereby authorize the above named salvage facility to take possession of my vehicle described above for salvage purposes. I certify that I am the lawful owner or agent and have the authority to release this vehicle.

Owner Signature: _____

Date:

Witness Signature: _____

Date:
