

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: _____

