



VEHICLE RELEASE FORM

I, _____, am the legal owner of the below listed motor vehicle presently stored by **Fair Repair Auto Care**, and thus authorize the personnel of said company to release said vehicle to the insurance company. This will also release **Fair Repair Auto Care** from all liability.

NAME: (authorized person from above)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE:(_____) _____

INSURANCE COMPANY:(if applicable) _____

CLAIM#: _____

MOTOR VEHICLE INFORMATION

YEAR: _____ **MAKE:** _____ **MODEL:** _____

COLOR: _____ **VIN#:** _____