

TARGET RECOVERY & TRANSPORT
2805 N. FLORIDA AVENUE
TAMPA, FL 33602
PH: (813) 221-6800 FAX: (813) 221-6822

Vehicle Owner Release Form

I, _____, am the legal and rightful owner of the below listed motor vehicle presently stored on the property owned and operated by TARGET RECOVERY & TRANSPORT, 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: _____ LIC/ID#

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) US Government Issued Passport with Photo, or Government Issued ID card. Example: Green Card, Alien Card or Temporary Visa.

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 TARGET RECOVERY & TRANSPORT, and that said person (driver) will be required to produce proof of this driver license upon demand by personnel at TARGET RECOVERY & TRANSPORT.

NOTICE:

VEHICLE OWNER:

A copy of your valid driver's license or acceptable valid government issued identification card and the valid motor vehicle registration card, certificate of title MUST accompany this form as well as being notarized. In the event that the owner is authorizing this release from either a hospital bed, or while being detained in any prison and/or jail, he/she must have this form signed and witnessed by a legally certified/commissioned Notary Public as well.

X _____ DATE: ____/____/_____
MOTOR VEHICLE OWNER'S SIGNATURE

X _____ DATE: ____/____/_____
MOTOR VEHICLE OWNER'S NAME PRINTED

NOTARY PUBLIC ñ SIGNATURE

MY COMMISSION EXPIRES ON:
_____/_____/_____

[] Personally Known, OR
[] Produced Identification; TYPE/NUMBER: _____