



1426 S. Allec St. Anaheim, CA 92805
TEL (714) 707-3390 FAX (714) 733-5744

RELEASE AUTHORIZATION

DATE: _____

YEAR	MAKE	MODEL	COLOR

LAST 6 OF THE VIN#	LICENSE PLATE

*I, the registered and therefore legal **owner** of the above vehicle, hereby authorize California Roadside Service to release subject vehicle as indicated.*

RELEASED TO:	
INSURANCE CARRIER:	

REGISTERED OWNER'S INFORMATION

FIRST & LAST NAME	
PHONE#	
DRIVERS LICENSE #	

PLEASE FAX OVER A COPY OF YOUR
REGISTRATION & DRIVERS LICENSE.

SIGNATURE:
