



511 W. Lambert Rd. Brea 92821
TEL (714) 989-7030 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: _____