

# dave's

# TOWING

## 24 HOUR EMERGENCY SERVICE

### VEHICLE RELEASE FORM

DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM INVOICE # \_\_\_\_\_

REGARDING THE FOLLOWING VEHICLE OR VESSEL:

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

1) I HEREBY AUTHORIZE \_\_\_\_\_ TO ACT AS MY AGENT ON ABOVE DESCRIBED VEHICLE AND PICK UP MY PERSONAL POSSESSIONS AND/OR VEHICLE OR VESSEL.

2) I \_\_\_\_\_ LEGAL OWNER UNDERSTAND THAT I AM RESPONSIBLE FOR ALL CHARGES CONCERNING MY VEHICLE WHICH INCLUDE BUT ARE NOT LIMITED TO TOWING, LABOR, STORAGE, AND GATE FEE'S. IN CONSIDERATION OF COMPLAINTS, I AGREE TO PAY WITNESS FEE'S OF \$50.00 PER HOUR FOR ANY COURT APPEARANCES REQUIRED OF TOW COMPANY PERSONNEL FOR ANY REASON. UPON DEFAULT, I AGREE TO PAY ALL COLLECTION, PROCESSING, ATTORNEY AND COURT CHARGES AND PERSONAL PROPERTY IN THE ABOVE DESCRIBED VEHICLE OR VESSEL.

3) I FURTHER AGREE THAT ANY LEGAL DUTY OF ANY OTHER PERSON FOR SUCH PAYMENT SHALL NOT BE DEFENSE TO ME AGAINST SUCH PAYMENT, PROVIDED HOWEVER THAT THE ACTUAL PAYMENT OF THE SAME, BY ANY OTHER PERSON OR AGENT SHALL CANCEL MY OBLIGATION HEREUNDER.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE ABOVE DOCUMENTATION AND THAT THE FACTS IN IT ARE TRUE.

\_\_\_\_\_  
PRINT NAME OF OWNER & PHONE #

\_\_\_\_\_  
SIGNATURE OF OWNER

\_\_\_\_\_  
INSURANCE CO.

\_\_\_\_\_  
CLAIM #

\_\_\_\_\_  
ADJUSTER

\_\_\_\_\_  
PHONE #

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC-STATE OF FLORIDA

PERSONALLY KNOWN \_\_\_\_\_

PRODUCED IDENTIFICATION \_\_\_\_\_

SEND BACK WITH COPY OF DRIVERS LICENSE AND/OR NOTORIZED

1516 S.W. 12 St. ♦ Ocala, Florida 34471  
Telephone (352) 867-5810 ♦ Fax (352) 867-5745