MILNE TOWING SERVICES

1700 MARIETTA WAY
SPARKS, NV 89431
OFFICE: 775.359.0106
FAX: 775.359.0155
CPCN 8003

Registered Owner Vehicle Release to Authorized Agent

All fields required. This letter serves as official notice to Milne Towing Services that I, identified in the "Registered Owner" box below:

REGISTERED OWNER		
FIRST NAME	LAST NAME	DRIVERS LICENSE/ID NUMBER

Release my vehicle, identified in the "Vehicle To Be Released" box below:

VEHICLE TO BE RELEASED		
YEAR	MAKE	MODEL

VEHICLE IDENTIFICIATION NUMBER (VIN)																

To my authorized agent, identified in the "Authorized Agent" box below:

AUTHORIZED AGENT		
FIRST NAME	LAST NAME	DRIVERS LICENSE/ID NUMBER

I, the registered owner listed above, fully approve my authorized agent listed above, to act in my interest and perform every action needed to remove my vehicle, listed above, from impound at Milne Towing Services. I understand that this authorization includes, but is not limited to, paying Milne Towing Services impound charges and physically removing the vehicle from Milne Towing Services' yard. If the vehicle is unable to be moved with its own power, the authorized agent will arrange for the vehicle to be towed to an approved location.

Furthermore, I hereby release, discharge and agree to hold harmless Milne Towing Services from any and all liability which may arise by reason of any contest of the validity of this Registered Owner Vehicle Release to Authorized Agent, or the actions taken by my listed Authorized Agent.

_____ _____ _____
Registered Owner Printed Name Registered Owner Signature Date

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State of _____, County of _____

Subscribed and sworn before me on _____ By _____
Date Registered Owners Signature

_____
Notary Public Signature [Notary Stamp]