

Specialist Auto Tech, Inc.
6345 Lee Ann Lane, Naples, FL 34109
Vehicle Owner Release Form

I, _____, the legal and rightful owner of the below listed motor vehicle presently stored on the property owned and operated by **Specialist Auto Tech, Inc.**, thus authorize the personnel of said company to release said vehicle to the following person(s) and/or insurance company, and/or agent thereof:

RELEASE TO:

NAME: (authorized person or Insurance Company) _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____ CLAIM #: (if applicable) _____

DRIV LIC. #: (if applicable) _____

MOTOR VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ VIN #: _____

OWNER INFORMATION:

NAME: _____ DRIV LIC #: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____ EXT: _____

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's license, 2) Any U.S. State issued personal identification card, 3) U.S. Military identification card or, 4) U.S. Government issued Passport, with Photo.**

I am also aware that in the event that the said motor vehicle is in a "drivable" condition, a person with a "valid" driver's 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 **Specialist Auto Tech, Inc.**, and that said person (driver) will be required to produce proof of this driver's license upon demand by personnel at **Specialist Auto Tech, Inc.**

NOTICE:
VEHICLE OWNER

PLEASE ATTACH A COPY OF A LEGIBLE "VALID" PHOTO IDENTIFICATION. THIS FORM MUST BE NOTARIZED AND THIS INFORMATION WILL BE VERIFIED.

X _____

MOTOR VEHICLE OWNER'S SIGNATURE:

DATE: ____/____/____

NOTARY PUBLIC - SIGNATURE

MY COMMISSION EXPIRES ON:

NOTARY PUBLIC - PRINT NAME

____/____/____

Please fax back to (866) 746-0076. If the form or "Valid" Photo identification is unclear for us to read than we CAN NOT accept it. You may email it to info@specialistautotech.com