



700 HARGROVE STREET  
PITTSBURGH PA 15226  
(412) 381-9400 FAX (412) 381-8980

## Vehicle Release Form

I, \_\_\_\_\_ am the legal owner of the below listed motor vehicle presently stored by McGann and Chester Towing LLC, and thus authorize the personnel of McGann and Chester LLC to release said vehicle to the following person and or insurance company or their agents.

**Date:** \_\_\_\_\_

**Name of Authorized Person:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

### Motor Vehicle Information

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Color: \_\_\_\_\_ Vin: \_\_\_\_\_

### Owner Information:

Name: \_\_\_\_\_ Drivers Lic# \_\_\_\_\_ State \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Place Copy of Drivers License Here

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_