

# INSURANCE VEHICLE RELEASE FORM

Luzo Auto Body, Inc  
19 County Street, New Bedford, MA 02744

Vehicle: \_\_\_\_\_

License Plate # \_\_\_\_\_

I \_\_\_\_\_ have removed the following from  
my vehicle on: \_\_\_\_\_ (date).

\_\_\_\_\_ Personal Belongings  
\_\_\_\_\_ Plate  
\_\_\_\_\_ Other: \_\_\_\_\_

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Permission is granted to release my vehicle to:

\_\_\_\_\_ Insurance Company  
\_\_\_\_\_ Other: \_\_\_\_\_

Signed: \_\_\_\_\_

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

Showroom: Towing: Towing Release

This form must be completed, signed, and faxed back to 508-997-0404 or emailed to [af@luzoauto.com](mailto:af@luzoauto.com). A photo of license or I.D. must accompany this form.