

SCHOCKS TOWING SERVICE INC.

P.O. BOX 995

DUNDEE, IL. 60118

847-428-2603

FAX 847-428-2606

E-Mail: schockstowing@yahoo.com

I _____ AM THE REGISTERED OWNER

OF THE _____, VIN # _____

AND I AM RELEASING THIS VEHICLE, TO AND OR FROM SCHOCK'S TOWING SERVICE INC. ON THIS _____ OF _____ 20_____.

I HAVE REMOVED ALL PERSONAL ITEMS, TAKEN ANY NECESSARY PICTURES, AND REMOVED MY LICENSE PLATES. SCHOCK'S TOWING SERVICE INC. IS NO LONGER LIABLE OR RESPONSIBLE FOR THIS VEHICLE. THIS FORM MAY ALSO AUTHORIZE SCHOCK'S TOWING TO STORE THIS VEHICLE FOR A DAILY PARKING FEE THAT I, THE LIEN HOLDER OR THE INSURANCE COMPANY IS LIABLE FOR. SCHOCK'S TOWING WILL HIRE A COLLECTION AGENCY TO COLLECT ANY MONIES DUE.

NAME _____

ADDRESS _____

CITY, STATE, ZIP. _____

PHONE # _____ WORK # _____

DRIVERS LIC # _____

INSURANCE COMPANY _____

PHONE # _____

POLICY # _____

X _____

Office & Yard 221 Sola Drive Gilberts, IL. 60136