## **Automobile Recall Repair Authorization Form**

| Name   |
|--|
|  |
|  |
| Address  |
|  |
| Phone  |
|  |
|  |
| Email  |
|  |
|  |
| Vehicle Information  |
| Make   |
|  |
| Model  |
|  |
|  |
| Year   |
|  |
| VIN  |
|  |
|  |
| License Plate  |
|  |
|  |
| Recall Information   |
| Recall Number  |
|  |
| Recall Description   |
|  |
|  |
|  |
| Authorization  Lauthoriza the recall repair as described above |
| I authorize the recall repair as described above.              |

Signature

| Date |  |  |  |
|------|--|--|--|
|      |  |  |  |