Motor Vehicle Release Authorization

Date:
To Whom It May Concern:
I,, authorize the release of the motor vehicle described below to:
Authorized Recipient Name:
Vehicle Information: Make:
Model:
Year:
VIN:
License Plate Number:
By signing below, I confirm that I am the lawful owner or authorized representative of the above-mentioned vehicle and grant permission for its release to the authorized recipient.
Owner/Authorized Person Signature: Date:
Print Name:
Contact Number: