

**AUTHORIZATION TO REMOVE/TOW VEHICLE/VESSEL
WITH OUT THE APPROVAL OR KNOWLEDGE OF THE OWNER**

TODAYS DATE: ____/____/____ TIME _____:_____ AM/PM

FROM _____

NAME OF BUSINESS/FACILITY: _____

CALL – BACK NUMBER _____

THIS IS MY AUTHORIZATION FOR WALTON COUNTY RECOVERY TO
REMOVE THE VEHICLE/VESSEL DESCRIBED BELOW:

Located @ Street Address: _____

City: _____ Zip: _____

Specific location of vehicle/vessel on property: _____

Make: _____ Model _____ Year _____

Tag# _____ State _____ Color _____

Vehicle Identification # (VIN) _____

Other details/description: _____

Reason for Removal _____

Signature of owner/agent: _____