

Walton County Recovery
635 Old Jolly Bay Rd
Freeport, Fl. 32439

Vehicle Owner Release Form

I, _____, am the legal and rightful owner of the below listed motor vehicle presently stored on the property owned and operated by Walton County Recovery, and thus authorize the personnel of said company to release said vehicle to the following person(s) and/or insurance company, and/or agent thereof:

NAME: (*authorized person or insurance company*) _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____ CLAIM# _____

MOTOR VEHICLE INFORMATION:

YEAR: _____ MAKE: _____ MODEL: _____

COLOR: _____ VIN# _____

OWNER INFORMATION:

NAME: _____ DRIV LIC# _____ STATE: _____

ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: _____ PHONE: _____

Furthermore, I understand that in the event that the aforementioned motor vehicle is to be released to an individual person, that person will be required to present a **“valid” photo identification** card that must be in one of the following forms: **1) Any U.S. state issued driver license, 2) Any U.S. state issued personal identification card, 3) U.S. Military identification card or, 4) US Government Issued Passport, with Photo.**

I am also aware that in the event that said motor vehicle is in a “drivable” condition, a person with a “valid” driver license from any state within the United States, will be the only individual allowed to remove said motor vehicle off of any and all vehicle storage properties, or otherwise, owned and operated by Walton County Recovery, and that said person (driver) will be required to produce proof of this driver license upon demand by personnel at Walton County Recovery.

NOTICE:

VEHICLE OWNER

A copy of your driver’s license and motor vehicle registration card, certificate, or title MUST accompany this form. In the event that the owner is authorizing this release from either a hospital bed, or while being detained in any prison and/or jail, he/ she must have this form signed and witnessed by a legally certified/commissioned Notary Public (see below).

X _____
MOTOR VEHICLE OWNER’S SIGNATURE:

DATE: ____/____/____

NOTARY PUBLIC – SIGNATURE

MY COMMISSION EXPIRES ON:

_____/_____/_____

NOTARY PUBLIC – PRINT NAME
(NOTARY STAMP / SEAL)

Personally Known, OR
 Produced Identification; Type:
