

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

## Vehicle Property 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 property to the following person(s) and/or insurance company, and/or agent thereof:

NAME: (*authorized person*) \_\_\_\_\_

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: \_\_\_\_\_

Description of property to be released: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Furthermore, I understand that in the event that the aforementioned property 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**.

## **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).

\_\_\_\_\_  
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:

\_\_\_\_\_