

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:
