



Authorization for Release of Vehicle

To authorize release of your vehicle to a third party, please submit this form with a copy of your driver's license and insurance by mail, e-mail or fax to the address below.

Date: _____

To: Arrow Wrecker Service, Inc.
700 N. Villa Avenue
Oklahoma City, OK 73107
405-236-3502 (fax)
copy@arrowwrecker.com

This is to authorize the release of my vehicle to the following:

My insurance company: _____
Policy or claim number: _____

Copart (2829 SE 15th Street, OKC)

IAA (7300 N. I-35 Service Road, OKC)

Other: _____

Vehicle description as follows:

Year	Make	Model	VIN
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Owner's signature: _____

Owner's name (printed): _____

Address: _____

City, State, Zip: _____

Phone Number: _____