



**HAULING REORGANIZATION, III, LLC**  
GLEN'S TOWING & ROAD SERVICE  
251 DUNN DRIVE  
BECKLEY, WV 25801  
PH: 304-252-6287 FAX: 304-252-6384

### VEHICLE RELEASE FORM

I, \_\_\_\_\_, am the legal owner of the below listed motor vehicle presently recovered and stored at Glen's Towing & Road Service, 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 OF AUTHORIZED PERSON OR INSURANCE COMPANY \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

CLAIM \_\_\_\_\_

#### MOTOR VEHICLE INFORMATION:

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

COLOR: \_\_\_\_\_ VIN: (if applicable) \_\_\_\_\_

#### OWNER INFORMATION:

NAME: \_\_\_\_\_ DRIVER LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

SIGNATURE OF LEGAL OWNER: \_\_\_\_\_