

METRO TOWING



I _____, as the **registered owner** of the said vehicle that is listed below, request that you please release the said vehicle to _____.

Vehicle Information:

Year _____

Make _____

Model _____

License Plate or VIN _____

Signature _____ Date _____

Please fill out this form and send it back to our fax number!

Fax: (209) 666-1564

Phone: (209) 714-4444

Website: www.MetroTowing.com

Email: MetroTowing@gmail.com

**Address: 23705 S. Chrisman Road
Tracy, CA 95304**

You must include a copy of your driver's license!

Copy driver's license here