

Vehicle Impound Release Form

Gale's Towing & Recovery, Inc.

375 NE Hwy 99W

McMinnville, OR 97128

503-434-9000

galestowing@gmail.com

I, _____ hereby authorize Gale's Towing & Recovery, Inc. to release my vehicle:

Year _____ Make _____ Model _____ Lic# _____

To, _____ (name of Insurance Company)

On this _____ day of _____ (year) Claim# _____ (if applicable)

Print Name _____ Phone: _____

Signature: _____ Date: _____

Keys with vehicle? Yes No