

# Vehicle Impound Release Form

Gale's Towing & Recovery, Inc.

375 NE Hwy 99W

McMinnville, OR 97128

503-434-9000

[galestowing@gmail.com](mailto: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? Yes / No (circle one)