



VEHICLE RELEASE FORM

Mailing Address:
1809 Augusta Road
West Columbia, SC 29169



Phone: 803-796-1467
Fax: 803-791-5464
Email: wingardtowingimpound@gmail.com

VEHICLE INFORMATION

Year: _____ Color: _____ Make: _____ Model: _____
Vin: _____

INSURANCE INFORMATION

Insurance Co. Name: _____ Claim #: _____
Insurance Contact Ph #: _____

By signing below, I authorize the above-mentioned insurance company to remove the above-mentioned vehicle off of the Wingard Towing Service impound lot. I understand that the insurance company can utilize another towing service to tow the vehicle to the next destination. I have removed all desired contents prior to releasing the vehicle to the insurance company. I understand that Wingard Towing Service will NOT release the vehicle to the insurance company until all fees have been paid.

PRINT Vehicle Owner Name

SIGNATURE of Vehicle Owner

Date of Release: _____ Vehicle Owner Phone #: _____

PERSONAL PROPERTY RELEASE ONLY

*By signing below, I acknowledge that I am removing all personal items from the vehicle mentioned above for \$ _____ on _____ (date) and LEAVING THE VEHICLE with Wingard Towing Service as of this date. I understand that if there is **no insurance** coverage/payment for towing, storage, processing and any other miscellaneous fees associated with this vehicle, I am still personally responsible for the remaining fees even if this vehicle is involved in a lawsuit.*

PRINT Vehicle Owner Name

SIGNATURE of Vehicle Owner

Please provide a copy of your driver's license and the FR-10 (police report) with this form.