RELEASE FORM

(717) 375-4524 | FAX (717) 375-4038 | Email: abestow@comast.net

Name _____

Phone Number _____

Year _____ Make/Model _____

VIN# _____

_____ Tags Off _____ Personal Items Out

_____ Leaving Ignition

☐ I AM ☐ I AM NOT

releasing my vehicle to be picked up by my Insurance Company from Abe's Auto Service, Inc OR to be moved to another Facility.

Signature _____

Sign your name above.

Print Name _____

Date _____ Time _____

Employee's Initial _____