



Dear Arlington Wrecker Service,

I, _____, certify that I am the current owner of the following vehicle:

Make: _____

Model: _____

Year: _____

VIN: _____

I authorize Arlington Wrecker Service to release my vehicle to:

I understand that the person taking possession of my property will become fully liable once the vehicle/vessel is removed from the Arlington Wrecker Service storage facility.

Thank You,

Signature (Owner of Vehicle)

Date

Printed Name (Owner of Vehicle)

Total Amount Collected

3261 Philips Highway
Jacksonville, Florida 32207
Phone: (904) 695-0202
Fax: (904) 346-0740