**Access / Release Authorization Form**

I _____ (Registered owners full name)

Authorize _____ (Full name of person being authorized).

Vehicle Information

Plate # _____

Make / Model _____

Job # _____

Driver License # of Owner _____

By signing this form you are giving all rights to the authorized person named to be responsible for your personal belongings, access, and vehicle if leaving Jack. Jack's Towing (2010) Ltd. Is not liable for any discrepancies after vehicle access / release.

_____ (Signature of Owner)

*****PLEASE ATTACH PICTURE OF OWNERS DRIVERS LICENSE*****

**Email to : jacks@reliabletowing.ca**