

# CERTIFICATION OF CONSENT TO RELEASE A MOTOR VEHICLE TO A THIRD PARTY

## STATEMENT OF OWNERSHIP

I, \_\_\_\_\_, hereby attest that I am the legal owner ("Owner") for the vehicle described below ("Impound Vehicle"). Further, I give K2 Towing and/or its agents full authority to release the Impound Vehicle to \_\_\_\_\_ ("Driver").

## IMPOUND VEHICLE INFORMATION

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: **20**\_\_\_\_\_  
Color: \_\_\_\_\_ VIN: \_\_\_\_\_ Tag# \_\_\_\_\_

### Person to whom the vehicle is to be released ("Driver"):

Authorized Driver: \_\_\_\_\_ Driver Relationship to Owner: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ *\*Driver must have a valid driver's license.*

## OWNER

Place Owner's Driver's License in this space  
and create a photocopy of the form.

**Fax the completed form to 770-786-3165.**

Call 770-786-3323 to confirm we received.

IN THIS PLACE

Add Notary Seal  
and  
Notary Signature

As the legal **Owner** of the Impound Vehicle I hereby warrant that I indemnify **K2 Towing** for any liability relating to the release of the motor vehicle to the **Driver**. I further understand that it will be my (**Owner**) responsibility to work with Driver to gain possession of the **Impound Vehicle**.

I declare under penalty of perjury and any other applicable penalties under Georgia law, that the information provided herein is true and correct.

\_\_\_\_\_  
Print Full Name of Registered Owner(s)

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
Signature of Registered Owner

### CONTACT INFORMATION

K2 Towing  
9179 Aaron Dr  
Covington, Ga 30014  
770-786-3323

### RECLAIM OFFICE HOURS

Mon-Sat 9:00 am—5:00 pm  
Sunday 7:00 am—12:00 pm

### CHARGES & PAYMENT METHODS

Charges may include towing fee. Administration fee, daily storage fee. Payment methods and certified funds (Cash, money orders, cashier's check, certified check) made payable to K2 Towing.