

Permission to Tow

Authorization for removal

Date:	

Location Information

Representative name:	Ph#
Street Address:	
City:	State: Zip:
Reason for removal:	

Vehicle Information

VIN:] Plate#:		State:	
Year:	Make/Model:		Color:		

My signature below indicates that I am the legal representative of the property described in this contract, and that I give authorization to Dixie Auto Salvage to remove the vehicle described above from this property.

Representative Signature:	Date:
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