

Vehicle Total Loss Release Form

Buchholz Paint and Autobody

4340 NE 49th Avenue

Gainesville, FL 32609

Phone: (352)373-5482 Fax: (352)373-8366

I hereby certify and understand that the below vehicle was deemed a total loss/no repair by the insurance company on _____. I have retrieved my personal belongings (examples: license plate, parking decals, garage door openers) from the vehicle. I authorize ***Buchholz Paint and Autobody*** to release my vehicle to the insurance company with any accompanying charges and fees.

COLOR YEAR MAKE MODEL

PLATE VIN

Customer Name _____

Customer Signature _____ Date _____

VERBAL RELEASE

The above has been recited to customer and he/she has consented to release of vehicle on _____.
DATE

Last four of Social Security Number _____

Representative _____

Representative Signature _____ Date _____

* Vehicle is not to be released with out customer signature or verbal authorization *

** Verbal authorizations will only be accepted with proper authentication **