

| I, as the <b>registered owner</b> of the said vehicle that is listed below, request that you please release the said vehicle to |   |
|---|---|
| Vehicle Information:  |   |
| Year  |   |
| Make  |   |
| Model   |   |
| License Plate or VIN  |   |
| Signature   | Date  You must include a copy of your driver's license! |
| Please fax back to 925.778.9291 Phone: 925.778.9292   | Copy driver's license here                              |

1020 Apollo Court - Antioch, California