POWER OF ATTORNEY

DATE:	IORNEY			
DATE:				
TO:				
CITY TOW CORP				
220 S. FLAGER AVE				
HOMESTEAD FL 33030				
I (name of vehicle owner)	identi	fied with a DL#		authorize
to release my vehicle described as follows:				
Make				
Model				
Year				
Vin#				
and also release City Tow Corp 220 S Flagler Ave, Hom result of the release of this vehicle to the named indiv Name (Name of the person that will pick up the vehicle	idual bellow:			
#	,			
v v				
X X X	Print Name o	of owner of vehic		
 Vehicle registration. Most recent Letter must be notarized Copy of the owner's Driver license Copy of the authorized person Driver license or ID If this is for a company the letter must be in the comshows the name of the director whom is authorized to 	•	ead along with a	a copy of the co	rporation that
State of Florida, County of				
Sworn to (or affirmed) and subscribed before me this	day o Day	f Month	, Year	
By				
Name of Person Swearing or Affirming				
Signature of Notary Public				
Personally Known				
Produced Identification Type of Identification Produced:				
		Place Notar	y Seal Stamp Ab	ove