



EuroTech Autobody Inc
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VEHICLE TOTAL LOSS RELEASE FORM

I, **X** _____ (Print Name), give authorization to release my

_____ (Vehicle Year, Make, Model)

_____ (VIN)

to _____ (Insurance Company) under

Claim # _____

That is located at **Euro Tech Auto Body 53 Smith Place Cambridge Ma 02138**. I understand that the insurance company will be removing the vehicle from location stated above and that I have removed all my personal belongings from the vehicle.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT ABOVE

X _____ **X** _____
Signature Date

Witness Print Name Witness Signature