

DON ORALLS GARAGE, LLC

INVOICE #: _____

Vehicle Color: _____ Year: _____ Make / Model : _____

CHECK ONE OF THE FOLLOWING

PERSONAL PROPERTY RELEASE ONLY:

- At this time, I am only removing my personal property from the inside the vehicle in Don Oralls Garage, LLC impound lot. Nothing affixed to the vehicle can be removed. The vehicle will remain in the impound lot until all fees are paid in full, or until Don Oralls Garage, LLC takes ownership of the abandoned vehicle.
- In the event that an insurance company does not pay the towing, processing/notification, storage and miscellaneous fees associated with this vehicle, I understand that I am still personally responsible for the total amount due, and that total amount due continues to increase daily.

RELEASE VEHICLE TO INSURANCE COMPANY:

- Insurance Co: _____ Claim #: _____
- Vehicle will NOT be "released" until this form is received and filled out completely.
- I hereby authorize the insurance company or its 3rd party representatives to make decisions about my vehicle on my behalf, such as removing the vehicle out of the impound lot and taking it to its next destination.
- An insurance company can and may utilize another towing service to tow the vehicle to the next destination, meaning Don Oralls Garage, LLC may not be in control of when the vehicle is towed out of the impound lot.
- I have removed all desired contents out of the vehicle prior to releasing the vehicle to the insurance company. Don Oralls Garage LLC will NOT remove contents from my vehicle on my behalf and will NOT hold it for me.
- Don Oralls Garage, LLC will NOT release the vehicle to insurance until ALL fees have been paid.
- In the event that insurance does not pay the associated towing, processing and notification charges, storage and miscellaneous fees associated with this vehicle, I am fully aware and agree that I am still personally responsible for the total amount due.

VEHICLE RETRIEVAL BY:

- Vehicle Owner
- 3rd Party Agency, Company Name: _____
 - Copart
 - IAA
 - Motorclub
 - Repossession Agency
 - Other:

INSURANCE CO. NAME: _____ CLAIM #: _____

OTHER : _____

By signing below, I have carefully read this risk waiver, understand its purpose and agree to the following:

Don Oralls Garage, LLC and their aforementioned agents/representatives are not responsible for accidents or injuries of any kind that occur on the entire premises of any of these 3 addresses: **13 Spud Lane, Binghamton, NY 13904, 205 Park St, Hancock, NY 13783, 409 County Route 20, Deposit, NY 13754**, whether inside or outside the impound lot. In consideration for accessing this property, I accept all liabilities and damages that occur. I especially acknowledge that any attempt made to examine and/or remove a car from the impound lot, or remove belongings from a car in the impound lot is an inherently dangerous activity. This property can present hazards from both seen and unforeseen objects including but not limited to broken glass, cut metal, various sharp objects, traffic from trucks, vehicles, equipment entering and exiting the property frequently, etc. I am reaffirming and voluntarily waiving any and all legal claims, including negligence claims, for any injuries that I may suffer by accessing this property address.

Date: _____ Time _____ Print Name _____

Signature _____ PHONE #: _____

**** MUST PROVIDE A VALID ID THAT MATCHES THE NAME ON THIS FORM ****