

OKLAHOMA DEPARTMENT OF PUBLIC SAFETY – WRECKER SERVICES DIVISION
RELEASE OF PERSONAL PROPERTY
AUTHORIZATION FORM

47 Oklahoma Statutes, Chapter 72, Section 955.E. provides: Operators conducting a tow under this section shall release all personal property within the vehicle to an insurer or representative of the insurer who has accepted liability for the vehicle, or to the registered owner or the owner's personal representative as designated by the registered owner on a form approved by the Department. The registered owner or representative of the registered owner shall provide proof of identity in accordance with the Department's rules related to establishing identity. Upon the release of personal property to an insurer or representative of the insurer, wrecker operators shall be exempt from all liability and shall be held harmless for any losses or claims of loss. Personal property shall include everything in a vehicle except the vehicle, the attached or installed equipment, vehicle keys or devices to start and unlock the vehicle, and the spare tire and tools to change the tire. Interlock devices may be removed pursuant to Section 11-902 of this title. If release of personal property occurs during normal business hours as prescribed by the Corporation Commission, it shall be at no cost to the registered owner or the owner prior to the repossession. After-hour fees may be assessed as prescribed by this Chapter or by the Corporation Commission, when the release of property is made after the prescribed normal business hours.

OWNER/VEHICLE INFORMATION:

Printed Name of Registered Owner: _____

Address: _____

Contact Phone Number(s): _____

Vehicle Make: _____ **Vehicle Model:** _____

Vehicle VIN : _____ **Vehicle Year & Color:** _____

TO THE WRECKER OPERATOR: I _____, as the registered owner of the vehicle listed above, authorize the below listed person to act on my behalf for the wrecker operator to release all personal property from the vehicle.

Representative's Name: _____

Address: _____

Contact Phone Number(s): _____

Signature of Registered Owner: _____ **Date:** _____

INSURER/INSURER REPRESENTATIVE/OR PERSONAL REPRESENTATIVE
IDENTITY INFORMATION AND SIGNATURE:

Type of Identity Provided: _____

Printed Name of Registered Owner's Representative: _____

Signature of Registered Owner's Representative: _____

Date: _____