

DEPARTMENT OF TRANSPORTATION  
TOWING DIVISION  
6700 PULASKI HIGHWAY  
BALTIMORE, MD 21237  
Fax 410-485-9242  
Email: [towing.callcenter@baltimorecity.gov](mailto:towing.callcenter@baltimorecity.gov)

**Release Authorization/Confirmation of Payment**

Property # \_\_\_\_\_

I, \_\_\_\_\_ herby authorize the  
**Registered Owner's Name**

Department of Transportation, Towing Division, to release my vehicle

Make	Model	Year	Vehicle Identification #
to the custody of _____ Phone: _____			
<b>Authorized Person's Full Name or Insurance Company Name</b>			

**If a Tow Truck Company is the agent for the Owner or Insurance Company, please provide the name/number.**

Truck Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Agent**

\_\_\_\_\_  
Registered Owner's Signature Date

NOTARY PUBLIC & SEAL

\_\_\_\_\_  
NOTARY SIGNATURE

Confirmation of Payment:

**If the owner is not responsible for paying the Tow Bill, please provide the name and number of the party responsible for paying the bill.**

\_\_\_\_\_  
Payee's Name Payee's Phone Number

**INSTRUCTIONS:** A recent photo ID of the owner must accompany this form. Please provide one of the following: Driver's License, Passport, State or Military ID, Photo Work ID