



**46 LIBERTY ST.
LITTLE FERRY, NJ 07643
201-641-6696**

Post Accident Incident Consent Form

I, _____ give my consent and authorization to perform the following post accident services for me as the owner/ party in care and custody of stated vehicle.

Tow Date: _____

Police Department: _____

Year: _____

Make: _____

Model: _____

VIN #: _____

License Plate: _____

Description of post accident services to be rendered: _____

Print Name: _____

Signature: _____

Email: _____ Phone: _____