

Colwood Insurance Services

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Release of Interest

Fax to 1-888-810-5704 or email to info@colwoodinsurance.ca

I/WE:						
	Please print clearly			Please print clearly		
Hereby surrender, release and relinquish all my/our right, title and interest in:						
Certificate nur	nber					
Vehicle make,	model and VIN					
phone number	ent address and					
Today's date						
Reason for car	ncellation					
	Signature of Insured		_	Signature of Insured		