

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 number			
Vehicle make, model and VIN			
Insured's current address and phone number			
Today's date			
Reason for cancellation			
Signature of Insu	ıred	Signature of Insured	