

## South Carolina Department of Motor Vehicles RELEASE OF FINANCIAL RESPONSIBILITY

FR-202 (Rev. 8/03)

	RELEASE	Accide	nt Case No.:
	MOTOR VEHICLE FINANCIAL RESPONSIBILITY	Date o	f Accident:
		Date 0	Accident.
		Locatio	on/County:
		Drivers	:
descri as sa	bed accident. I authoriz	e following from all claims te the South Carolina Depart	, certify that I am 18 years of age or older and causes of action arising from the above ment of Motor Vehicles to accept this certification required by the South Carolina Motor Vehicle
Name and Address of Person Released			Date of Birth/Driver License No.
Signatu	re of Person Giving Release	or Subrogee for Insured	Date
State	of		
Count	y of		
Before me,			, Notary Public in and
knowr	to me to be the persor	peared on this day, n whose name is subscribed he same for purposes there	d to the foregoing instrument and acknowledged
Given under my hand and Seal of Office this			day of
	Month	Year	
Signatu	re of Notary Public		
Notary	y Public for State of		

My commission Expires\_\_\_\_\_