

Tow Control No. _____
Tow Crane No. _____

DATE: _____
TIME: _____

Tow Truck Service Receipt

LICENSEE NAME

TRADE NAME

PRIMARY BUSINESS ADDRESS

BUSINESS PRIMARY TELEPHONE NUMBER

Storage facility/repair location _____ Telephone # (____) _____

Name of Customer: _____

Customer Address: _____ Telephone # (____) _____

Tow Pick up Location: _____
Street Location _____ City and State _____

Tow Delivery Location: _____
Street Location _____ City and State _____

Description of Disabled Vehicle

Color: _____ Make: _____ Model _____ Year _____ Tag No.: _____

State of Vehicle Registration: _____ Vehicle towed to: _____

Schedule of Towing Fees

Public Tow (whether accident or impound) \$100

Public Storage Service Fee: \$20

Private Tow

From Accident: Minimum: \$ _____ Maximum: \$ _____

Non-Accident: Minimum: \$ _____ Maximum: \$ _____

Total Towing Fees Due: \$ _____

Daily Storage Fees: Minimum: \$ _____ *Maximum: \$ _____

*(*Maximum rate per 24 hour period or part thereof, which period shall start when the vehicle enters the tow service storage lot to which the vehicle is towed.)*

OTHER CHARGES/DESCRIPTIONS: _____

Name of Tow Truck Operator: (Print) _____ Signature _____

Signature (Disabled Vehicle Operator): _____

NOTE: Licensee must retain a copy of the receipt for a period of three years.