



**DEPARTMENT OF CONSUMER & REGULATORY AFFAIRS**

**Tow Control No.** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Tow Crane No.** \_\_\_\_\_

**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.*