

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) \$ \_\_\_\_\_

**Public Storage Service Fee:** \$ \_\_\_\_\_

#### 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.