**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.