

PRINT ON DEALERSHIP LETTERHEAD

TOWING INFORMATION RECORD

Date & Time of Possession: _____

Name of Towing Company: _____

Address of Towing Company: _____

Telephone No. of Towing Company: _____

Name of Tow Truck Operator: _____

Driver's License No. of Operator: _____

**Make, Model, and License Plate OR
Vehicle Identification No.:** _____

Note: If vehicle was damaged, etc. _____

REASONS FOR INABILITY TO OBTAIN TOW TRUCK INFORMATION	REASONABLE EFFORTS MADE TO CONTACT TOW TRUCK COMPANY/DRIVER (WHEN DROPPED OFF AFTER-HOURS)
<input type="checkbox"/> Dropped off after-hours <input type="checkbox"/> Driver refused to give information <input type="checkbox"/> Driver made no contact with Dealer Staff <input type="checkbox"/> Other _____ _____	<input type="checkbox"/> Date and time first observed on premises _____ <input type="checkbox"/> Searched vehicle for ID of the tow truck company/driver <input type="checkbox"/> Contacted the tow truck company <input type="checkbox"/> Contacted the registered owner <input type="checkbox"/> Other _____ _____

R.O. Number

Name & Signature of Person Completing Form

Date/Time

NOTE:

Attach one copy to repair order. Forward one copy to Business Office to file in "Towing Records" (optional). Keep in files for 3 years. Prepare to make available within 48 hours upon a bonafide request.