

REQUEST FOR ALTERNATIVE TOW DESTINATION

Date:	Time:	Call Number:	
I,	owner/operator c	f a(Vehicle Year, Make, & Mo	,
(Vehicle Owner/Operator)		(Vehicle Year, Make, & Mo	odel)
license plate or VIN number	(Vehicle License Plate or VIN)	_ request that my vehicle be	delivered to
the following address:		ss, City, State, & ZIP Code)	·
	(Street Addre	s, city, state, a zn code,	
I will assume any and al	l liabilities associated wit	h the vehicle being delivered	d at the above
reference address. I understar	nd that the city, state and	l or county in which my vehic	cle is being
towed to may have ordinance	s against wrecked or inop	perable vehicles being at the	listed
address and I will be responsil	ble for any and all violati	ons this may incur.	
Owner/Operator Name	Owner/Operator	Signature Date	
Officer Name & Badge Number	Law Enforcement	Signature Date	
	Tow Operator Name/TD	IR# Tow Operato	r Signature