

PREFERRED TOWING & RECOVERY

TOW REQUEST FORM

Car Information:

Make & Year

Model

Color

License Plate Number

Vehicle Identification Number (VIN)

Name and address of property from which vehicle is to be towed

Location of Vehicle on Property

Full Name and Title of the Person Authorizing the Tow

Signature of Person Authorizing Tow (By my signature, I hereby
acknowledge that I am the owner, or authorized agent of the owner, of
the property from which the vehicle will be towed and that the owner
of the property shall be liable for any damages that may be awarded to
owner of the vehicle if it is towed unlawfully or improperly)

____/____/_____
Date of Tow Authorization

Time of Tow Authorization

Additional Instructions: **(MUST INCLUDE WRITTEN STATEMENT OF REASON FOR TOW)**

Please complete this form in its entirety and fax to (317) 773-9657 - Original Must be provided to Driver