

CLASS D TOW: 30,001 58,000 LBS. OR LESS

| | | | | | | | | | | | | | |
|---|--------------------------------|--------------|--------------------------------------|----------------------|-------------------------------------|--|--|----------|-----------|-------------|----------|-------|-------|
| COMPANY NAME | | | | | | INVOICE NO. | | | | | | | |
| PHONE NO. | | | | | | MAILING ADDRESS | | | | | | | |
| TOW DATE | | TOW TIME | | AM PM | | YARD TIME | | AM PM | | DRIVER INFO | | | TRUCK |
| YEAR | | MAKE | | MODEL | | TAG | | | STATE | | | | |
| VIN NO. | | | | | | | | | | | | COLOR | |
| ADDRESS TOWED FROM | | | | | | | | | | CITY | | | |
| ADDRESS TOWED TO | | | | | | | | | | CITY | | | |
| POLICE DEPT. | | | | LOG NO. | | | | LOG TIME | | AM PM | | | |
| REASON TOWED | | | | | | | | | | | | | |
| PHONE NO. OF AUTHORIZING PERSON | | | | | | DATE | | | TIME | | AM PM | | |
| X | AUTHORIZING PERSON'S SIGNATURE | | | | | <input type="checkbox"/> FAX | AUTHORIZING PERSON / ENTITY & ADDRESS ^(PRINT) | | | | | | |
| RELEASE TO | | | | | | DRIVER'S LICENSE NO. & STATE ISSUED IN | | | | | | | |
| ADDRESS | | | | | | | | CITY | | | | | |
| STATE | | ZIP CODE | | VEHICLE DAMAGE NOTED | | | | | | | | | |
| MAXIMUM TOW AND STORAGE RATES FOR NON CONSENT TOWS FROM PRIVATE PROPERTY PER BROWARD COUNTY ORDINANCE: | | | | | | <input type="checkbox"/> TOW <input type="checkbox"/> RELEASE ON SCENE | | | | | | | |
| <div style="display: flex; align-items: center;"> <p>TO FILE A COMPLAINT, CONTACT BROWARD COUNTY ENVIRONMENTAL AND CONSUMER PROTECTION DIVISION AT 954-519-1260.</p> </div> | | | | | | <input type="checkbox"/> STORAGE _____ DAYS @ \$54.87/DAY | | | | | | | |
| | | | | | | <input type="checkbox"/> ADMIN. FEE AFTER 24 HRS: \$50.00 | | | | | | | |
| | | | | | | <input type="checkbox"/> RESEARCH FEE | | | | | | | |
| | | | | | | <input type="checkbox"/> LABOR FEE ___ ¼ HRS @ \$109.74 PER ¼ HOUR (PER PERSON) | | | | | | | |
| | | | | | | | | | | | | | |
| PAYMENT METHOD | <input type="checkbox"/> CASH | | <input type="checkbox"/> CREDIT CARD | | <input type="checkbox"/> DEBIT CARD | | <input type="checkbox"/> OTHER | | AUTH. NO. | | TOTAL | | |
| RELEASE DATE | | RELEASE TIME | | AM PM | INT. | X | RECIPIENT'S SIGNATURE | | | | | | |
| CHANGE MUST BE PROVIDED IF PAYMENT IS IN CASH | | | | | | | | | | | | | |