

TOWING COMPLAINT FORM

521 7th St. Modesto, CA. 95354

(209) 575-2500

YOUR INFORMATION:

TOW TAG # _____

Name: _____ DL or ID #: _____ State: _____

Mailing Address: _____

Day Time Phone: (____) _____ Alternate Phone: (____) _____

E-mail Address: _____

VEHICLE INFORMATION:

Year: _____ Make: _____ Model: _____ Color: _____

License Plate No.: _____ VIN: _____

Reg. Owner's Name: _____ Phone: (____) _____

DISPUTE INFORMATION:

1. Where was your vehicle parked? _____

2. When was your vehicle towed? Date _____ Time _____

3. Have you retrieved your vehicle? (Circle) Yes or No (If Not, Skip #4 and #5)

4. Date released: _____ Cost: \$ _____

5. Who was the vehicle released to? _____

6. What category best fits your complaint? (Circle all that apply)

Overcharged No Violation / Parked Legally Behavioral Damage

Other (If you circled OTHER, please describe in 1-5 words)

7. What type of dispute resolution would you consider being mutually fair?

8. Explain your complaint fully; describing events in the order they occurred (attach additional pages if necessary).

I hereby declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signature: _____

Date: _____