

TOW COMPANY INFORMATION SHEET

Name of Company:

Office Address:

Office telephone number: _____

FAX Number:

E-Mail Address:

Office hours:

Mailing address, if different from office address:

Type of tow service:

A. Nonconsensual YES NO

- 1. Attach a list of the parking lots you service. Include address, contact person and telephone number for each. 2. Attach a sample of the tow slip used to satisfy Article 12-3-107 (d)(10) of the Anne Arundel County Code.

B. Police-Initiated YES NO

Number of trucks used: _____

Location of storage lot: _____

Hours of operation:

Location of redemption area: _____

Hours of operation: _____

Methods of payment for fees: Credit Card: YES NO, Check: YES NO

Cash: YES NO, Other _____ ATM on site: YES NO

Please specify

Attach a sample receipt for payment of towing fees.

Name of form preparer

Date