

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 \_\_\_\_\_

Please specify

ATM on site: YES NO

Attach a sample receipt for payment of towing fees.

\_\_\_\_\_  
Name of form preparer

\_\_\_\_\_  
Date