



Fax (714) 556-4100
Phone (714) 556-7600

TOW REQUEST FAX FORM

DATE: _____ TIME: _____ CALL#: _____

CUSTOMER INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____ CONTACT: _____

VEHICLE INFORMATION

YEAR _____ MAKE _____ MODEL _____ BODY: _____

LICENSE #: _____ STATE: _____ VIN (Last 4 #) _____ R/O _____

DAMAGE? _____ RELEASED? _____ (Circle one) TOWABLE OR FLATBED

INSURANCE COMPANY _____

TRANSPORT INFORMATION

TOW FROM: _____ PHONE: _____

_____ CONTACT: _____

TOW CHARGES DUE \$ _____

TOW TO: _____ PHONE: _____

_____ CONTACT: _____

SPECIAL INSTRUCTIONS: _____

**UPON RECEIPT, YOU WILL BE CONTACTED BY OUR DISPATCH DEPARTMENT
TO CONFIRM YOUR TOW REQUEST.**