

# Vehicle Removal Authorization Form (PPT)

## AUTHORIZING COMPANY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

AGENT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

AUTHORIZING SIGNATURE \_\_\_\_\_  
\_\_\_\_\_

## TOW COMPANY

### ***NORTH COUNTY RECOVERY AND TOWING***

1210 FAIR AVE

SANTA CRUZ, CA 95060

**831-458-3138**

**831-458-1781 FAX**

## VEHICLE INFORMATION

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_

MODEL \_\_\_\_\_ COLOR \_\_\_\_\_

LICENSE PLATE \_\_\_\_\_

VIN # \_\_\_\_\_

MILEAGE \_\_\_\_\_ LOCKED Y N

## LOCATION OF VEHICLE TO BE TOWED (If different from above)

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

## REASON FOR TOWING

- BLOCKING DRIVEWAY  
 ON PRIVATE PROPERTY  
 ABANDONED VEHICLE  
 OTHER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## VISIBLE DAMAGE:

RIGHT-FRONT (OK)

LEFT-FRONT (OK)

RIGHT-REAR (OK)

LEFT-REAR (OK)

TIRES (OK)

WHEEL COVERS (OK)

GLASS (OK)

## TIME AND DATE VEHICLE FIRST NOTICED

## TIME AND DATE TOW COMPANY NOTIFIED

## TIME VEHICLE TOWED

## TIME VEHICLE DROPPED AT STORAGE