




THREELAKES TOWING SERVICE
 1437 Motts Road
 GARRETT, WY 82058
 (555) 838-4934

ROAD SERVICE

TIME OF CALL A.M. P.M.	DATE IN	DATE OUT	TIME START A.M. P.M.	TIME FINISH A.M. P.M.	REQUESTED BY	P.O./CASE #	OFFICER NAME
NAME					PHONE #		
ADDRESS							
CITY					STATE	ZIP	
YEAR	MAKE/MODEL		COLOR	ODOMETER	DRIVER		
MARKER PLATE #	STATE	VIN #	REGISTERED OWNER				
LOCATION OF VEHICLE							
TOWED TO							
INSPECTED BY INSURANCE CO.			APPRAISER NAME		DATE	PHONE #	
RELEASED BY			DATE	PHONE #			
PERSONAL'S TAKEN BY			DATE	PHONE #			
REASON FOR TOW		TYPE OF TOW		VEHICLE STORAGE TIME			
<input type="checkbox"/> ACCIDENT	<input type="checkbox"/> BREAK DOWN	<input type="checkbox"/> SLING/HOIST	FROM _____ TO _____ DAYS @ \$				
<input type="checkbox"/> ABANDONED	<input type="checkbox"/> UNREGISTERED	<input type="checkbox"/> FLAT BED/RAMP	INDICATE DAMAGED AREA(S) ON VEHICLE:  KEYS LEFT Y N RADIO Y N				
<input type="checkbox"/> NO START	<input type="checkbox"/> OUT OF GAS	<input type="checkbox"/> WHEEL LIFT					
<input type="checkbox"/> FLAT TIRE	<input type="checkbox"/> FIRE LANE	TOWED PER ORDER OF					
<input type="checkbox"/> LOCK OUT	<input type="checkbox"/> NO TRESPASS	<input type="checkbox"/> STATE POLICE					
<input type="checkbox"/> TOW ZONE	<input type="checkbox"/> ARREST	<input type="checkbox"/> LOCAL POLICE					
<input type="checkbox"/> STOLEN	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> OWNER OF CAR					
<input type="checkbox"/> SNOW REMOVAL	<input type="checkbox"/>	<input type="checkbox"/> DEALER					
SPECIAL EQUIPMENT USED		OTHER SERVICES					
<input type="checkbox"/> WINCH	<input type="checkbox"/> FLARES	<input type="checkbox"/> SWEEP	<input type="checkbox"/> FIRST AID				
<input type="checkbox"/> DOLLIES	<input type="checkbox"/> SCOTCH BLOCKS	<input type="checkbox"/> REMOVE AXLE	<input type="checkbox"/> SECURE LOOSE PARTS				
<input type="checkbox"/> FRAMPS	<input type="checkbox"/>						
<input type="checkbox"/> SNATCH BLOCKS	<input type="checkbox"/>						
METHOD OF PAYMENT							
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	DRIVER'S LIC. # _____					
<input type="checkbox"/>	<input type="checkbox"/>	EXP. DATE _____					
CREDIT CARD # _____							
AUTHORIZED SIGNATURE _____				DATE _____			
DRIVER'S SIGNATURE _____				DATE _____			
MILEAGE		TOWING CHARGE					
FINISH _____	MILEAGE						
START _____	LABOR						
TOTAL _____	EXTRA PERSON						
LABOR TIME		SPECIAL EQUIPMENT					
FINISH _____	STORAGE						
START _____	SUBTOTAL						
TOTAL _____	TAX						
EXTRA PERSON		TOTAL					
FINISH _____							
START _____							
TOTAL _____							

We cannot be responsible for damages caused by faulty tires, bumper brackets, etc. This company assumes no responsibility for loss or damage by theft, fire or any other cause beyond our control, to any vehicle placed with them for storage or repair. **THANK YOU!**

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CREDIT CARD #	DATE	START	TOTAL
AUTHORIZED SIGNATURE _____	DATE _____	DRIVER #	TRUCK #
DRIVER'S SIGNATURE _____	DATE _____		

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