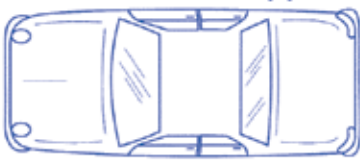




# DJ'S TOWING & RECOVERY

2136 Roosevelt Blvd.  
VEYO, UT 84782  
(555) 688-1195

# 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 #			
<b>REASON FOR TOW</b>			<b>TYPE OF TOW</b>		PERSONAL'S TAKEN BY	DATE	PHONE #
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> ABANDONED <input type="checkbox"/> UNREGISTERED <input type="checkbox"/> NO START <input type="checkbox"/> OUT OF GAS <input type="checkbox"/> FLAT TIRE <input type="checkbox"/> FIRE LANE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> NO TRESPASS <input type="checkbox"/> TOW ZONE <input type="checkbox"/> ARREST <input type="checkbox"/> STOLEN <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/> _____			<input type="checkbox"/> SLING/HOIST <input type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> _____		<b>VEHICLE STORAGE TIME</b> FROM _____ TO _____ DAYS @ \$ _____		
<b>SPECIAL EQUIPMENT USED</b> <input type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> _____ <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> _____			<b>TOWED PER ORDER OF</b> <input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER OF CAR <input type="checkbox"/> DEALER		<b>INDICATE DAMAGED AREA(S) ON VEHICLE:</b> 		
<b>METHOD OF PAYMENT</b> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK    DRIVER'S LIC. # _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> EXP. DATE _____ CREDIT CARD # _____			<b>OTHER SERVICES</b> <input type="checkbox"/> SWEEP <input type="checkbox"/> FIRST AID <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS		<b>KEYS LEFT</b> Y    N <b>RADIO</b> Y    N		
AUTHORIZED SIGNATURE _____ DATE _____ <small>I agree to hold this company harmless for any damages due to towing or services rendered.</small>			<b>LABOR TIME</b> FINISH _____ START _____ TOTAL _____		<b>MILEAGE</b> FINISH _____ START _____ TOTAL _____		
DRIVER'S SIGNATURE _____ DATE _____			DRIVER # _____ TRUCK # _____		<b>TOWING CHARGE</b> <b>MILEAGE</b> <b>LABOR</b> <b>EXTRA PERSON</b> <b>SPECIAL EQUIPMENT</b> <b>STORAGE</b> <b>SUBTOTAL</b> <b>TAX</b> <b>TOTAL</b>		

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. ©1998 AW Direct, Inc. **THANK YOU!**