

APPLICATION FOR TOW SERVICE AGREEMENT

Please complete this application and attach current copies of the business license, towing insurance and tow truck registration(s) and return it to;
Elkhorn Police Department
P.O. Box 920
Elkhorn WI 53121-0920

COMPANY NAME:

COMPANY ADDRESS:

MAILING ADDRESS:

(IF DIFFERENT FROM COMPANY)

STORAGE FACILITY ADDRESS:

(IF DIFFERENT FROM COMPANY)

COMPANY PHONE:

Primary :

After Hours :

OWNER INFORMATION

FULL NAME:

HOME ADDRESS:

PHONE #:

VEHICLE INFORMATION

List the make, model, license plate number, type, and class of tow truck(s). Attach to the application.

- 1.
- 2.
- 3.
- 4.

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DRIVER(S) INFORMATION

List the Name and Driver License Number/State for all drivers.

- 1.
- 2.
- 3.
- 4.

- | | Yes | No |
|---|-----|----|
| 1. Currently established on Elkhorn PD Tow Rotations? | | |
| 2. Auto Club Affiliations? | | |
| 3. Do you have 24-hour service? | | |
| 4. Have you or anyone financially involved with your company ever been convicted of a felony involving stolen or embezzled vehicles, stolen property or fraud related to any towing business? | | |
| 5. Is your storage yard fenced? | | |
| 6. Is secure storage available? | | |
| 7. Are your storage facilities alarmed? | | |
| 8. Do you or any member of your family operate another tow company currently operating within Walworth County? | | |
| 9. Do you share any facility (or portion thereof) with another tow company?... | | |

If the answer to any of the above questions is yes, please provide a detailed description (i.e.; club name, name and type of felony, name of family operated tow company).

10. Primary storage address: Owned Leased Rented

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11. Secondary storage address: Owned Leased Rented

12. Hourly Rates:

 Inside Storage Rates:

 Outside Storage Rates:

13. Years in the towing business? _____ (Years)

I declare that the above information is true and correct and understand that any false statement or misrepresentation may result in the application being denied.

OWNER'S SIGNATURE

DATE