

TOW DAMAGES FORM

FORM#

BUSINESS NAME

ADDRESS

PHONE

Date (MM/DD/YYYY)

Requested By

Job ID / PO Number

Customer Full Name

Customer Phone Number

Customer with vehicle at time of service?

Yes

No

Location of Vehicle (Street Address, City, State, Zip Code)

Customer with vehicle at drop-off location?

Yes

No

Vehicle Towed To (Street Address, City, State, Zip Code)

License Plate Number State

Registered Owner (First and Last Name)

Make, Model, Color

VIN

Photos taken at pick-up?

Photos taken at drop-off?

Yes

No

Yes

No

CLICK to indicate damaged area(s) on vehicle

Detailed damage notes

Type of Tow

Flatbed/Ramp

Wheel Lift

Slight/Hoist

Winch Out

Other:

Truck Number

Operator Signature

Date (MM/DD/YYYY)

Customer or Vehicle Owner Signature

Date (MM/DD/YYYY)

Vehicle Released To

Date (MM/DD/YYYY)

Storage Dates (if applicable)

From (MM/DD/YYYY) To (MM/DD/YYYY) # of Days Price (\$)



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