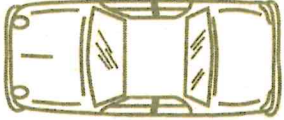


Date	7-22-23	Time	7:18	A.M. P.M.	Requested By	DWD Pd																				
Location of Vehicle 124 Sherman																										
Name				Phone																						
Address				Zip																						
Vehicle Towed To 85 yard				2nd Tow																						
Remarks																										
Year	2012		Make/Model/Color Toyota Sienna																							
State	License N°	Vehicle I.D. N°																								
Temp SP	Temp tag	S1DDK3DLC015044972																								
Bill To / P.O. #																										
REASON FOR TOW		TYPE OF TOW		PERSONALS TAKEN	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"/> RECOVERY <input type="checkbox"/> LOCK OUT <input type="checkbox"/> NO TRESPASS <input checked="" 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"/> _____		VEHICLE STORAGE TIME FROM _____ TO _____ DAYS @\$ _____																						
SPECIAL EQUIPMENT USED		OTHER SERVICES		 KEYS LEFT Y <input type="checkbox"/> N <input checked="" type="checkbox"/>																						
<input type="checkbox"/> WINCH <input type="checkbox"/> FLARES <input checked="" type="checkbox"/> DOLLIES <input type="checkbox"/> SCOTCH BLOCKS <input type="checkbox"/> RAMPS <input type="checkbox"/> _____ <input type="checkbox"/> SNATCH BLOCKS <input type="checkbox"/> _____		<input type="checkbox"/> SWEEP <input type="checkbox"/> REMOVE AXLE <input type="checkbox"/> SECURE LOOSE PARTS <input type="checkbox"/> FIRST AID																								
METHOD OF PAYMENT				MILEAGE																						
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> CHARGE <input checked="" type="checkbox"/> 3% CREDIT CARD NAME <u>Stevan K. Henderson</u> CREDIT CARD # <u>8173</u>				Enroute Miles _____ Towed Miles _____ Return Miles _____ Total Miles _____																						
AUTHORIZED SIGNATURE				LABOR TIME																						
X <u>[Signature]</u> DATE <u>7-23-23</u> <small>I agree to hold this company harmless for any damages due to towing or services rendered.</small>				Start _____ Finish _____ Total _____																						
DRIVER SIGNATURE				Driver <u>RK</u> Wrecker # <u>685</u>																						
X <u>[Signature]</u> DATE <u>7-23-23</u>				<table border="1"> <tr> <td>SERVICE CHARGE</td> <td>150⁰⁰</td> </tr> <tr> <td>MILEAGE</td> <td>50⁰⁰</td> </tr> <tr> <td>LABOR</td> <td></td> </tr> <tr> <td>EXTRA PERSON</td> <td></td> </tr> <tr> <td>SPECIAL EQUIPMENT</td> <td>46⁰⁰</td> </tr> <tr> <td>STORAGE</td> <td></td> </tr> <tr> <td>SUBTOTAL</td> <td>150⁰⁰</td> </tr> <tr> <td><input type="checkbox"/> 4.5% TAX</td> <td>154⁵⁰</td> </tr> <tr> <td><input type="checkbox"/> 6.5% TAX</td> <td></td> </tr> <tr> <td>TOTAL</td> <td>164⁰⁰</td> </tr> </table>			SERVICE CHARGE	150 ⁰⁰	MILEAGE	50 ⁰⁰	LABOR		EXTRA PERSON		SPECIAL EQUIPMENT	46 ⁰⁰	STORAGE		SUBTOTAL	150 ⁰⁰	<input type="checkbox"/> 4.5% TAX	154 ⁵⁰	<input type="checkbox"/> 6.5% TAX		TOTAL	164 ⁰⁰
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SUBTOTAL	150 ⁰⁰																									
<input type="checkbox"/> 4.5% TAX	154 ⁵⁰																									
<input type="checkbox"/> 6.5% TAX																										
TOTAL	164 ⁰⁰																									

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!