



Department of Public Safety

TOW REQUEST AND AUTHORIZATION FORM

Wrecker Services Division wrecker@dps.ok.gov

PO Box 53004, Oklahoma City, OK 73152-2900

Date Stored: _____

Date DPS Notified: _____

Date City PD/County SO Notified _____

Date Request to Oklahoma Tax Commission or Other State Licensing

Agent: _____

Date Received Registration Information: _____

Date Owner/Lien Holder Notified by Certified Letter: _____

Other: _____

1. Vehicle to be Towed:	License Plate	Year	State	VIN		
	Year	Make	Model	Body Type	Color(s)	
2. Towing Service DPS Number:	Name			Driver's Name		
	Address					
	City or Town		State	Zip	Telephone ()	
3. Real Property Owner, Legal Possessor, or Authorized Agent requesting removal of vehicle:	Business Name			Person Requesting (Name)		
	Address					
	City or Town		State	Zip	Telephone ()	
Contents of vehicle at time of removal:				Reason for removal:		
No inventory of personal property created for the vehicle because:				Condition of Vehicle:		

The driver license number or state issued ID number shall be redacted before being released to the public.

I certify that I am the (check one) ☐ owner ☐ legal possessor ☐ authorized agent in control of the real property located at:
_____, _____ in _____,
(address) (city) (state) (zip) (county)

and that I have reasonable cause to believe the above vehicle has been abandoned thereon, said vehicle has been on said property for a minimum of 48 hours, or such vehicle was left thereon without express or implied permission. I request the removal of said vehicle in accordance with all local ordinances and Title 47 O.S., § 954A, by a licensed towing service as provided by law. I further certify that (check all that apply):

_____ the towing service driver and I, jointly and in the presence of each other, inventoried the personal property found within and upon said vehicle, and such personal property is listed above.

_____ no inventory was made for the reasons listed above.

_____ a licensed wrecker or towing service in the county in which the real property is located was contacted but was unable to perform the removal in a reasonable amount of time. Service contacted: DPS _____ W, _____.

Dated this _____ day of _____, 20____, at _____ ☐ AM ☐ PM

(Print name and title)

(Drivers license # or state issued ID #)

(Signature of person in control of real property)

(Real Property Owners Email Address)

As an authorized driver, I certify the above named towing service holds a current valid license issued by the Department of Public Safety, and the storage facility is within the same county as the vehicle to be towed unless notated above. I further certify and agree the inventory procedure described above is correct. Dated this _____ day of _____, 20____, at _____ ☐ AM ☐ PM

(Print name)

(Signature of tow driver)

Provide 1 copy to each of the following: DPS, Towing Service, Police Dept. (if within city) or Sheriff's Office, Real Property Owner, Legal Possessor, or Agent.

When submitting this form the original copy must be kept on file at the wrecker service office for one year