OKLAHOMA CORPORATION COMMISSION TRANSPORTATION DIVISION NONCONSENSUAL TOW RATE COMPLAINT FORM (405) 522-0131

Mailing Address City State Zip County Home Phone Cell Phone Email Address Name of Wrecker Service DPS# Person you have been speaking with Wrecker Service Address City State Zip County Date vehicle was stored or impounded: Yehicle was towed by law enforcement. Agency name: Year Make Model Vehicle Identification No. Tag No. Expiration Date Hook-up S Dolly/Rollback S Other Charges S Fuel Charges S Mileage S Storage S Storage S Tax S Total S Please provide a description of your complaint. (Use additional sheets if necessary.)		Name			
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Please provide a description of your complaint. (Use additional sheets if necessary.)	TOTAL \$				
	Please provide a description of your cor	nplaint. (Use additional sheets if necess	ary.)		

Attach a copy of your invoice and mail this form to:
Oklahoma Corporation Commission

Transportation Division – Attn. Nonconsensual Tow Section
P.O. Box 52000
Oklahoma City, OK 73152-2000
405-522-0131
FAX 405-521-2916