

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

Name _____

Mailing Address _____	City _____	State _____	Zip _____	County _____
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(_____) _____ - _____	(_____) _____ - _____	_____
Home Phone	Cell Phone	Email Address

Name of Wrecker Service _____	DPS# _____	Person you have been speaking with _____	(_____) _____ phone Number
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Wrecker Service Address _____	City _____	State _____	Zip _____	County _____
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Date vehicle was stored or impounded: _____

Vehicle was towed by law enforcement. Agency name: _____

Year	Make	Model	Vehicle Identification No.	Tag No.	Expiration Date
Hook-up		\$ _____			
Dolly/Rollback		\$ _____			
Other Charges		\$ _____			
Fuel Charges		\$ _____			
Mileage		\$ _____			
Storage		\$ _____			
Tax		\$ _____			
TOTAL		\$ _____			

Please provide a description of your complaint. (Use additional sheets if necessary.)

Signature: _____ Date _____

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 405-525-2906