

**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