

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

Name _____

| | | | | |
|-----------------------|------------|-------------|-----------|--------------|
| Mailing Address _____ | City _____ | State _____ | Zip _____ | County _____ |
|-----------------------|------------|-------------|-----------|--------------|

| | | |
|----------------------|----------------------|---------------|
| (____) _____ - _____ | (____) _____ - _____ | _____ |
| Home Phone | Cell Phone | Email Address |

| | | | |
|-------------------------------|------------|--|--------------|
| Name of Wrecker Service _____ | DPS# _____ | Person you have been speaking with _____ | (____) _____ |
| | | | phone Number |

| | | | | |
|-------------------------------|------------|-------------|-----------|--------------|
| Wrecker Service Address _____ | City _____ | State _____ | Zip _____ | County _____ |
|-------------------------------|------------|-------------|-----------|--------------|

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 405-525-6246