

Blair's TOWING

Tow Request & Fax Form

Taken By: _____ Date: _____ Time: _____

CUSTOMER INFORMATION:

Name: _____

Address: _____

City: _____ Zip: _____

Hm Phone: _____ Wk Phone: _____

VEHICLE INFORMATION:

Year: _____ Make: _____ Model: _____ Style: _____

Color: _____ License #: _____ Vin # (last 6): _____

INSURANCE INFORMATION:

Company: _____ Phone: _____

Agent: _____ Phone: _____

Adjuster: _____ Phone: _____

Claim #: _____ Date of Loss: _____

TOWING INFORMATION:

Vehicle Located at: _____

(Name of tow yard): _____

Tow Yard Phone #: _____ Charges \$: _____

Area of Damage: _____ Keys w/ vehicle?: _____

Towable or Flatbed: (circle one) Released To Shop?: _____

TOWING COMPANY USED:

Called In By: _____

Date/Time: _____

Contact: _____

ETA: _____

Destination: _____



(949) 588-8000

(949) 588-8234 Fax

Phone: _____