**Tow Company Name**

**Address**

**Phone #**

**Montgomery County – Model Trespass Tow Authorization Form**

|  |
| --- |
| **Tow Information** |
| Date:  |
| Time: |
| Location of Tow: |
| Reason For Tow: |
|  |
| **Vehicle Information** |
| Vehicle Make | Vehicle Model | Color | Year |
|  |  |  |  |
| License Plate Number | State | Vehicle Identification Number |
|  |  |  |
|  |
| **Tow Authorization** |
| Name of Person Authorizing Tow (Print) |  |
| Signature of Person Authorizing Tow |  |

Questions regarding towing procedures can be directed to the Montgomery County Office of Consumer Protection at 240.777.3636 or consumerprotection@montgomerycountymd.gov