



**REQUEST TO BE PLACED ON TOWING ROTATION LIST**

The undersigned, being a duly authorized representative of the following entity:

\_\_\_\_\_  
Entity name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Telephone Number

Requests to be placed on the Towing Rotation List maintained by the Perkins Township Police Department for the Township of Perkins.

I acknowledge that I have been provided a copy of the Perkins Township Police Department's Towing Rotation List Policy and agree to abide by the terms and conditions contained in it. I further agree to provide the additional information required by the Police Department's form and to submit a Fifty Dollar (\$50.00) non-refundable application fee payable to the Perkins Township for Administrative review and processing.

I acknowledge that one of the purposes of the policy is to ensure the safety and convenience of the motoring public and that I have no right to be placed on the Perkins Police Department's Towing Rotation List unless I am in compliance with the policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Representative

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Name of Company