

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