

**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	\$ _____			
	<b>TOTAL</b>	\$ _____			

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 405-521-2916