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: ____________________________________________________

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Vehicle Identification No.</th>
<th>Tag No.</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hook-up</td>
<td>$_________</td>
<td>Dolly/Rollback</td>
<td>$_________</td>
<td>Other Charges</td>
<td>$_________</td>
</tr>
<tr>
<td>Fuel Charges</td>
<td>$_________</td>
<td>Mileage</td>
<td>$_________</td>
<td>Storage</td>
<td>$_________</td>
</tr>
<tr>
<td>Tax</td>
<td>$_________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$_________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide a description of your complaint. (Use additional sheets if necessary.)

___________________________________________________________
___________________________________________________________
___________________________________________________________

Signature: _______________________________________________ Date ___________________________

Attach a copy of your invoice and submit this form to:
Oklahoma Corporation Commission
Transportation Division – Attn. Nonconsensual Tow Section
P.O. Box 52000
Oklahoma City, OK 73152-2000
405-522-0131
Email Address: TRNonConTowComplaint@occ.ok.gov