

**TOWING**

+1 416 707-1940



Admin@obtowing.ca



www.obtowing.ca

Towing Authorization Form

I, ☐ Owner ☐ Property Manager
(your full name printed)

Management Company Name

Phone Number

Email Address

Request this vehicle:

Make:

Model:

Color:

Plate Number:

VIN:

To be removed from my property at the address of:

Address:

City: Postal Code:

That was parked here for a period of:

Since: DD/MM/YYYY Days: Hours: HR

Property owner / manager grants OB Towing Service express authority to act on His/Her behalf and do the following:

1. Complete the municipal towing authorization form if required to do so by the municipality.
2. Pursue all towed vehicle owners on behalf of property manager/owner for outstanding fees relating to towing, storage and other related expenses (some municipalities allow only property owners to do so).
3. Hire sub contractors for towing under same terms at no cost to the property owner or property management.

Signature:

Today's Date: DD/MM/YYYY

FOR OFFICE USE ONLY

Incident Number: