



204 Poplar Place, North Aurora IL 60542
(630) 844-9911 Phone (630) 844-9010 Fax

(Property Reference Name) : _____ with offices at,

("Customer"), and SCR Towing & Recovery, LLC DBA Fox Valley Towing RTV-R 168 ("Relocator") agree as follows:

Customer authorizes and directs Relocator to remove and tow all illegally parked or trespassing vehicles from the property(s) described below (the "Property"), which Customer controls as owner, agent or lessee, subject to the following terms and conditions:

ADDRESS OF PROPERTY(S): _____

TYPE OF SERVICE: Call Lot Patrol Lot

PATROL OR SURVEILLANCE HOURS: (If Applicable) From: _____ To: _____

CALL LOT AUTHORIZED CALLERS : (If Applicable) _____

PASSWORD _____ STICKER DESCRIPTION: _____

It is fully understood between Customer and Relocator that charges for removal, towing and storage of illegally parked or trespassing vehicles will be the responsibility of the owners or operators of the removed and towed vehicles.

Customer hereby assigns to Relocator, all rights, claims or causes of action that Customer may have against the towed vehicles and/or their owners or other legally entitled persons.

Relocator is authorized to enter the Property to install such signs on the Property as are required by law and to remove such signs in the event this Agreement is terminated. **Such signs shall be installed by the Relocator for \$50.00 per sign payable by the property owner.**

Relocator agrees to indemnify and hold Customer harmless against all claims, including reasonable attorney's fees and costs, arising from any illegal, negligent, willful or unauthorized actions by Relocator in connection with relocation of a vehicle from the Property.

Customer agrees to indemnify and hold Relocator harmless against all claims, including reasonable attorney's fees and costs, arising from any illegal, negligent, willful or unauthorized actions by Customer in connection with relocation of a vehicle from the Property.

This Agreement shall remain in effect until terminated. This Agreement can be terminated only on 10 calendar days written notice, to Relocator and the Illinois Commerce Commission. Customer notice of termination of this Contract must be delivered to Relocator by certified mail to the above address.

This Agreement is the exclusive statement of terms between the parties, effective _____.

Dated: this _____ day of _____, 20____

SIGNATURE FOR CUSTOMER: _____

Print Name: _____ Phone: (____) _____ Cell: (____) _____

Email: _____

SIGNATURE of Relocator: _____ Kenneth A Ross, Manager

CONTRACT #: _____

Phone Number



Relocator Contract Summary Form

Contract # _____

I, _____, am the owner/property manager of

(Address)

(City)

(County)

Illinois

(Zip Code)

and I hereby authorize **SCR Towing & Recovery, DBA Fox Valley Towing** **168**

(Licensed Commercial Vehicle Relocator)

(RTV-R#)

to remove all illegally parked vehicles from:

(Address)

(City)

Illinois

(County)

(Zip Code)

which is owned by _____ who is located at

(Address)

(City)

(County)

(Zip Code)

The property is:

(Description of Property)

This contract is a CALL ____ PATROL ____ OTHER ____

This private property is located _____ miles from the relocator's address to which the illegally parked vehicles will be routinely relocated.

The private property is in an ____ incorporated ____ unincorporated area

Was this private property previously under contract with another relocator: ____ No ____ Yes Relocator _____

This contract may be cancelled only on ten (10) days notice by either party. That notice must subsequently be given to the Illinois Commerce Commission.

Authorized agent/s of the property.

Name _____ Name _____

Effective Date of the Contract _____

Property Owner's:

(Name)

(Signature)

(Date)

Relocator's:

Kenneth Ross

(Name)

(Signature)

(Date)

This form is required for compliance with 625 ILCS 5/18a-100 et seq.

Missing or inaccurate information will render this form invalid and it will not be accepted by the Commission.



Notice of Cancellation of Relocation Contract

For validation, mail by Certified mail, return Receipt Requested.

Date: 20 RTV-R: 168

Name of Property Owner: _____

Address _____

City _____ State _____ Zip Code _____

To the Illinois Commerce Commission:

As Authorized Agent for the above property, I wish to cancel our contract No: _____

with (Relocator) _____ for the property located at

Street Address: _____ City: _____

Effective 10 days from receipt of this notice:

Authorized Agent (Print)

Signature

Date

Title

Phone Number

Notice To Property Owner

Your property is under exclusive contract with the above named relocator, until 10 days from the date on the proof of service notice, at which time you may enter into contract with the new **relocator**.

After that 10 day period you may remove signs of said relocator, if they have been removed and retain the same.

You can check the license status of any relocator by calling our office (847) 294-4326.

Should you have questions regarding your contract with relocator, feel free to contact our office.

Illinois Commerce Commission