



INFO@KELLESHEEHANSTOWING.COM

PRIVATE PROPERTY TOWING AGREEMENT

Property Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ Zip: _____ Email: _____

THE PARTIES AGREE AS FOLLOWS:

1. Authorize Kelle Sheehan's Towing to remove vehicles from the above mentioned property. Calls for removal of vehicles shall only be initiated by those persons whose names appear on this agreement. All impounds will be reported to the appropriate police Agency.

2. Kelle Sheehan's Towing will post the required signs that comply with the Florida State Statute 713.78 and 715.07. If for any reason you discontinue service and/or do not manage that property any longer, the signs must be returned to Kelle Sheehan's Towing. You are required to give a 30-day written notice during which time Kelle Sheehan's Towing will retrieve their signs. Failure to do so will incur a \$35.00 per sign charge and \$15 per pole. The Property Agent shall indemnify Kelle Sheehan's Towing against any claim that may arise out of improper tow due to signs or authorized faults.

3. When a person improperly causes a vehicle or vessel to be removed, such person shall be liable to the owner or lessee of the vehicle or vessel for the cost of removal, transportation, and storage; any damages resulting from the removal, transportation, or storage of the vehicle or vessel; attorney fees; and court costs.

4. Oversized and Junk vehicles will be impounded during the hours of 8am-5pm Monday-Friday and may be subject to a charge that will be refunded if the registered owner redeems the vehicle.

5. DRY RUN: (N/A UNLESS ABUSED) A charge of \$75.00 will be billed to the Property as a "dry run" fee if vehicle moves after a property called for a tow and then fails to contact Kelle Sheehan's Towing to cancel the tow.

6. Information needed at the time of reporting a tow: Vehicle Information: Make, Model, Color, License Plate #, Location on Property, and Reason for Impound.

7. A signed authorization form must be signed at the time of tow or a prior express authorization form will need to be faxed or emailed by one of the following authorized individuals:

NAME _____ PHONE # _____ E-MAIL _____

NAME _____ PHONE # _____ E-MAIL _____

NAME _____ PHONE # _____ E-MAIL _____

NAME _____ PHONE # _____ E-MAIL _____

NAME _____ PHONE # _____ E-MAIL _____

NAME _____ PHONE # _____ E-MAIL _____

8. Please notify our office of any changes or additions in authorized personnel.

NOTES _____

X _____ Print _____ DATE _____

SIGNATURE OF PROPERTY OWNER OR AGENT HAVING
POSSESSION OR CONTROL OF THE PROPERTY DESCRIBED.

**2635 ELECTRONICS WAY
WPB, FL 33407**

**PHONE: 561-832-7878
FAX: 561-832-7178**