

Spotsylvania County Law Enforcement Towing Application
County Ordinance, Chapter 12

The applicant's signature on this application is accepted by the Sheriff of Spotsylvania County as a representation by the tower signing the application and/or the towing business which he represents that the applicant has carefully reviewed all the provisions of the Spotsylvania County Towing Ordinance Chapter 12 and that the applicant affirms and warrant that all towing and related operations performed by the applicant at the request of law enforcement personnel shall be executed in strict compliance with the terms of such ordinance. Specifically, the applicant affirms the following by his signature on the application:

1. The applicant warrants that all the information contained in the application is true and accurate as of the date on which the application is signed by the applicant. The applicant agrees that any error, omissions or misrepresentations in the information provided on this application may be grounds for the denial, suspension or revocation of and approval hereof. All applications are due by June 30th of each calendar year with supporting documents.
2. The applicant shall immediately notify the Sheriff of Spotsylvania County of any corrections to and/or changes in any information provided in the application including, but not limited to information regarding insurance coverage. All changes are subject to the approval of the Sheriff.
3. The applicant hereby authorizes the Spotsylvania County Sheriff and/or his agent to inspect all records belonging to the applicant relating to law enforcement requested towing and storage of vehicles and personal property left in towed vehicles.
4. Towing services shall be provided by the applicant 24 hours a day, 365 days a year.
5. The applicant accepts responsibility for all property left in the towed vehicles.
6. The applicant agrees to indemnify and hold harmless Spotsylvania County and the Spotsylvania County Sheriff for any and all claims, injuries, and/or damages related to or arising out of the provisions of towing in Spotsylvania County at the request of law enforcement personnel.
7. The applicant has read and understood this notice prior to signing this application, and signs this application voluntarily.

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Signature of the Applicant: _____ Date: _____

Name of the Applicant (print): _____

Title: _____

Address: _____

Notary

State of Virginia

City/County _____. To-wit

I hereby certify that the foregoing instrument was acknowledged before me

This _____ day of _____ 20__ by _____.

Notary Public: _____

My Commission expires: _____

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Law Enforcement Towing Application Check List

1. Law Enforcement Towing Application _____
2. Copy of Towing Ordinance Booklet _____
3. Treasurer's Receipt for Application Process _____
4. Zoning Confirmation Form _____
 - Complete applicant's portion only
5. Criminal History Check _____
 - Complete Wavier Form
 - Complete Virginia State Record Request
6. Applicant must provide the following: _____
 - Verification of Insurance _____
 - Garage Keeps _____
 - Vehicle Liability _____
 - Worker's Compensation _____
 - Business Card _____
 - Vehicle Storage Lot Lease/Rental Agreement _____
 - State Corporation Commission (SCC) License _____
 - Personnel Training Certificates for services provided (Light/Heavy) _____
7. Wrecker Inspection (\$25.00 fee for each truck) _____
8. Application/Renewal Fee (\$100.00 Non-Refundable Fee) _____

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Name of Company: _____

Business Address: _____

Business Telephone: (540) _____ - _____

Date Business Established: _____

Name of Owner/Agent (Title): _____

Home Address: _____

Home Telephone: () _____ - _____

Virginia Driver's License Number: _____

If more than one owner/agent, or corporate office, please list below: (State Title)

1. Name of Owner/Agent: _____

Home Address: _____

Home Telephone: () _____ - _____

Business Telephone: () _____ - _____

Virginia Driver's License Number: _____

1. Name of Owner/Agent: _____

Home Address: _____

Home Telephone: () _____ - _____

Business Telephone: () _____ - _____

Virginia Driver's License Number: _____

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2. List any previous tow companies owned or associated with including company name.
Owner/Agent or Corporate Officer:

3. Storage Location:

Size and Security Features:

4. Location to which persons must go to claim vehicles:

The tower's business address, storage lot location, and locations which persons must go to claim vehicles MUST be within the same zone location and in Spotsylvania County.

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5. Telephone Number for Towing Business:

Daytime Number: 8am-5pm () _____ - _____

After Hours Number: () _____ - _____

Phone coverage must be provided 24 hours a day, 365 days a year to comply with the Spotsylvania County Ordinance Chapter 12.

6. The application is for: **Light Duty Towing:**

Heavy Duty Towing:

Wreckers that will be provided:

VIN: _____

Size: _____

Make: _____

Tow Capacity: _____

VIN: _____

Size: _____

Make: _____

Tow Capacity: _____

VIN: _____

Size: _____

Make: _____

Tow Capacity: _____

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VIN: _____

Size: _____

Make: _____

Tow Capacity: _____

VIN: _____

Size: _____

Make: _____

Tow Capacity: _____

VIN: _____

Size: _____

Make: _____

Tow Capacity: _____

VIN: _____

Size: _____

Make: _____

Tow Capacity: _____

VIN: _____

Size: _____

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Make: _____

Tow Capacity: _____

VIN: _____

Size: _____

Make: _____

Tow Capacity: _____

VIN: _____

Size: _____

Make: _____

Tow Capacity: _____

VIN: _____

Size: _____

Make: _____

Tow Capacity: _____

VIN: _____

Size: _____

Make: _____

Tow Capacity: _____

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For additional trucks, please make a copy of this page and attach to your application.

7. Business insurance policies, carriers, and agents with limits of coverage. Please attach copies of the insurance certificates.

All attached policies must name the Spotsylvania County Sheriff's Office and Spotsylvania County as additional insurers.

A. Vehicle Liability Policy

- Name of Company: _____
- Policy Number: _____
- Amount of Coverage: _____
- Coverage Begins: _____
- Coverage Ends: _____

Policy must meet Virginia SCC Insurance Requirements

B. Garage Keepers Policy

- Name of Company: _____
- Policy Number: _____
- Amount of Coverage: _____
- Coverage Begins: _____
- Coverage Ends: _____

Policy must meet Virginia SCC Insurance Requirements

C. Workers Compensation Policy (Employee Insurance)

- Name of Company: _____
- Policy Number: _____
- Amount of Coverage: _____
- Coverage Begins: _____
- Coverage Ends: _____

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Policy must meet Virginia SCC Insurance Requirements

8. What provisions will you make for the security of personal property left in towed vehicles?

- Where will the property be safeguarded?

- Describe the security features of this place in detail:

9. See the attachment to this application on all towing charges and fees. You may not charge more than what is listed on the rates approved by the Board of Supervisors.

Submitted to: Sheriff Roger L. Harris
Spotsylvania County Sheriff's Office
P.O. Box 124,
Spotsylvania, Virginia 22553

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Sheriff's Office Use Only

Completed Application Received: Date: _____ by: _____

Status of Application:

• Being Processed: Yes: No:

• Application Approved: Date: _____

By: _____
Sheriff, Roger L. Harris

• Zone Assignment: _____ Date: _____ By: _____

• Entered on Rotation List: Date: _____ By: _____

• Application Disapproved: Date: _____ By: _____

• Reason for Disapproval:

Date Applicant Notified: _____

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Department of Code Compliance Administration

Business Name: _____

Business Address: _____

Business Telephone: () _____ - _____

Owner's Name: _____

Owner's Address: _____

Owner's Telephone: () _____ - _____

Wreckers Garaged: _____

Storage Yard Address: _____

Do not write below this line.

(1) Wrecker Parked at: _____
Tax map and parcel number Zoning

- District By Right: _____ Conditional Use: _____

Nonconforming Use _____

Comments: _____

(2) Storage Yard Location: : _____
Tax map and parcel number Zoning

- District By Right: _____ Conditional Use: _____

Nonconforming Use _____

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Comments: _____

This application is not a permit.