



# Spotsylvania County Advisory Board on Towing Complaint Form



## GENERAL INSTRUCTIONS

1. Use this form when filing a complaint against a towing and recovery operator in Spotsylvania County.
2. Complete the form in its entirety and attach any additional documents or explanations regarding your claim.
3. Mail completed form to the above address, hand deliver to the above address, or via facsimile at (540) 582-9448.
4. Information contained in this form may be disclosed to the applicable tow and recovery operator, and property owner, and may be disclosed to others if the Board finds that there were violations of the statute and ordinances governing the operation, management, or conduct of towing and recovery operations in Spotsylvania County.

## COMPLAINT INFORMATION

<b>PERSON FILING COMPLAINT</b>	<b>Name (First, Middle, Last)</b>	<b>Preferred Contact No.</b>
	<b>Mailing Address (Street Address)</b>	<b>Alternate Contact No.</b>
	<b>City State Zip Code</b>	<b>Email Address</b>
	Are you the registered owner of the vehicle? Check one. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Facsimile No.</b>
	If no, provide the owners name and your relationship to the registered owner.	Complaint made by: Check one. <input type="checkbox"/> Citizen <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Tower <input type="checkbox"/> Other

<b>TOW AND RECOVERY OPERATOR INFORMATION</b>	<b>Name of Owner or Company Name</b>	<b>Office Contact No.</b>
	<b>Mailing Address (Street Address)</b>	<b>Alternate Contact No.</b>
	<b>City State Zip Code</b>	<b>Web Page/Email Address</b>

<b>TOW INFORMATION</b>	<b>Address from which the Vehicle was Towed (Street Address)</b>	<b>Case number from Law Enforcement Agency</b>
	<b>Please explain why the vehicle was at this location and why was the vehicle towed.</b>	
	<b>Was the vehicle towed from a public location or private property?</b> <input type="checkbox"/> Public Location <input type="checkbox"/> Private Property	<b>Date and Time Vehicle Towed</b>
	<b>Please provide a breakdown of all of the towing charges by type of charge and amount</b>	

**VEHICLE DESCRIPTION SUBJECT TO COMPLAINT**

Year/Make/Model

VIN No. (Vehicle Identification Number)

Provide a detailed description of your complaint, and list the steps taken to resolve this issue including contacts with the tow and recovery operator. Please be as specific as possible and provide copies or receipts or other documentation in support of your complaint. Please provide the names of all persons that you have had contact with at the company in regard to this complaint.

Name of Law Enforcement Officer Involved

Name of Law Enforcement Agency Involved

**SIGNATURE**

I wish to complain about the company named above. I understand that the Board does not have the authority to require a tow and recovery operator to return money, to settle monetary/value disputes, or provide other personal remedies, and that the Board Chairman or designated staff may offer mediation to facilitate a negotiated resolution of this complaint. I am submitting this information so that the Board may determine whether there have been any actions contradictory to the laws and regulations of the Board, or is subject to oversight by an advisory board established pursuant to §46.2-1233.2. of Code of Virginia. I verify under penalty of law that the information contained herein is true to the best of my knowledge, information, and belief.

Signature

Date

**NOTICE**

- The information requested on this form and on any subsequent requests for additional information are subject to the Virginia Government Data and Dissemination Practices Act. (*See* . Code of Virginia § 2.2-3800, *et seq* .)
- All information provided to the Board is available for public inspection under the Virginia Freedom of Information Act, § 2.2-3700, *et seq*., Code of Virginia, except in the case of ongoing investigations, provided that information disclosing business records of licenses, business interests of any person, trade secrets, or the name of customers shall be held confidential to the extent permitted or required by laws of the Commonwealth of Virginia, and except to the extent that disclosure of such matters may be necessary for the enforcement of laws. Closed complaints will be retained for three years after closure and then destroyed. For this reason, we ask that you do not provide us with Social Security Number or with any personal financial information unrelated to this complaint.