

Readington Township Police Department Tow Company Application

Name of Business _____

Mailing Address of Business _____

Location of Business _____

Location of Storage yard _____

Owner of Business _____

Address of owner _____

Contact numbers for owner _____

24- hour business contact number(s) _____

List of Drivers:

Name	Address	Phone	Date of Birth	S. S. Number

List of tow vehicles: (Year, Make, Model, Plate number, type of vehicle)

1. _____

2. _____

3. _____

4. _____

5. _____

All applications must contain Proof of insurance, certified drivers abstract and Criminal history for each driver.