Clare County Central Dispatch

WRECKER Complaint Form

Name (Must be a registered owner, registered lien holder or insurance company paying the claim.)

Address City State Zip County

( ) ( )

Home Phone Business Phone

Name of Wrecker Service Person you have been speaking with _____ Phone #_____

Wrecker Service Address_____City_____ State_____Zip_____County_____

Date vehicle was stored or impounded:_____

Vehicle was towed: (check one)

☐ at owner's request ☐ by private property owner

☐ by law enforcement Agency name:

Year Make Model Vehicle Identification No. Tag # Expiration Date

FEES CHARGED

Hookup _____ Dolly/Rollback _____ Other Charges_____ Fuel Surcharge ___

Mileage _____ Storage_____ Tax_____ **TOTAL**_____

Please provide a description of your complaint. (Use additional sheets if necessary.)

_____

_____

_____

_____

_____

_____

Signature_____ Date _____

Attach a copy of your invoice and mail this form to:

Clare County Central Dispatch
Wrecker Board
255 W.Main St.
Harrison, MI 48625
Fax to (989-539-6002) or
Email: terrianm@clareco.net