CITY OF SACRAMENTO
REVENUE DIVISION

TOW COMPANY APPLICATION

CALL
我們講中文
Hablamos español
Мы говорим по-русски
พวกเราเว้าพาสาลาว
Peb hais lus Hmoob
Chúng tôi nói tiếng Việt
(916)808-8500

Print Form

Business Information

Starting Date: _____
(Mo.) (Day) (Yr.)

Name: _____

Manager: _____

Address: _____ Phone: _____

Owner Information

Owner Name 1) _____ Phone: _____

Owner Name 2) _____ Phone: _____

Owner Name 3) _____ Phone: _____

Dispatch Information

Dispatch: _____ Phone: _____

Address: _____

_____

Mailing Information

Mail to: _____

Address: _____

_____

Insurance Information

Company Name: _____ Phone: _____

Agent Contact: _____

Address: _____

_____

I declare under penalty of perjury that to my knowledge all information contained on this application is true and correct, and that if any of the above information should change I will contact the City of Sacramento at:

Revenue Services
915 'I Street, Room 1201
Sacramento, CA 95814-2696
Ph: (916) 808-5852
Fax: (916) 808-5248

_____
Signature

_____
Date

TXC006 (Rev. 5/06) LB