OKLAHOMA CORPORATION COMMISSION
TRANSPORTATION DIVISION
NONCONSENSUAL TOW RATE COMPLAINT FORM
(405) 522-0131

Name

Mailing Address

City
State
Zip
County

(_______) ________-(_______) ________-(_______) ________-(_______) ________

Home Phone
Cell Phone
Email Address

Name of Wrecker Service
DPS#

Person you have been speaking with

(_______)
phone Number

Wrecker Service Address

City
State
Zip
County

Date vehicle was stored or impounded: ____________

Vehicle was towed by law enforcement. Agency name: ____________________________

Year
Make
Model

Vehicle Identification No.
Tag No.
Expiration Date

Hook-up

$___________

Dolly/Rollback

$___________

Other Charges

$___________

Fuel Charges

$___________

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:
Oklahoma Corporation Commission
Transportation Division – Attn. Nonconsensual Tow Section
P.O. Box 52000
Oklahoma City, OK 73152-2000
405-522-0131
FAX 405-525-6246