



# CITY OF RICHMOND - PERMIT / LICENSE OFFICE

600 MORTON ST. - RICHMOND, TX 77469

281-232-6871 - FAX 281-238-1215

## ADD/DELETE TOW TRUCK/WRECKER REPORT CITY OF RICHMOND, TEXAS

Date Rec'd In Permit Office & Clerk Initials

PRINT LEGIBLY or TYPE -- MUST BE ORIGINAL -- MAY NOT BE FAXED

All spaces must be filled out on this application and if a question does not apply please enter N/A in that space. The City reserves the right to deny an application for lack of information or falsifying information.

Name of Tow Truck  
Company:

TDLR#

Company Physical  
Location:

Must list a street address. No P.O. Boxes      Number, Street, Suite      City      State      Zip

Wrecker Dispatch Telephone Number:

Other:

Vehicle Storage Lot Information

TDLR  
Number:

Richmond VSL Permit  
Number:

Location:

Publicly Listed Phone  
Number:

Unit#	Make	Year	Heavy Duty	Light Duty	Rollback or Flat Bed	Add or Delete	Vehicle Identification Number (VIN)

**Please check all requirements to be submitted with this application**

Copy of TDLR Tow Truck Company, Vehicle Storage Lot, & Tow Truck Licenses are attached.

Company name is permanently displayed on the truck.

**\$200.00 Application Fee, for each truck, payable to the City of Richmond. Not refundable**

Copy of latest Registration or Title of each truck is attached.

Number of Trucks \_\_\_\_\_ x \$200.00 = \$ \_\_\_\_\_

Copy of Insurance Card for each truck is attached.

By signing and submitting this application and any attached forms, I hereby certify, under penalty of perjury, that I have read and examined this application and know the same to be true and correct. I further certify that I will comply with all applicable provisions of the Texas Towing Act; Texas Occupations Code, Chapter 2308; TEX. ADMIN. CODE, Chapter 60; the Towing Administrative Rules, TEX. ADMIN. CODE, Chapter 86; I understand that providing false information on this application may result in revocation and/or denial of the Permit I am requesting and the imposition of administrative penalties and sanctions.

**Owner Signature:**

**Date:**

City Office Use Only

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By \_\_\_\_\_ Date: \_\_\_\_\_

Sent to Police Dept. By: \_\_\_\_\_ Date: \_\_\_\_\_

**Date Payment Received:**

**Amount:**

**Check Number:**