

TOWNSHIP OF SPRINGFIELD

Application for Towing License

Date: _____

Name of Applicant/Owner: _____

Name of Business/Corporation: _____

Location of Business: _____
(Street)

Business Phone Number: _____

Lot Plan showing storage facilities _____

Emergency Contact Phone Number: _____

Certificate of Insurance /Carrier and Amount _____

Signature of Applicant: _____/Title _____

Application Fee: \$150.00

Application Fees Paid: _____

Approved: _____

Disapproved _____

License Fee: \$250.00

License Fees Paid: _____

Date License Issued: _____ License Number: _____

Signature of Issuing Authority: _____

TOWING LICENSE ACKNOWLEDGMENT

To Be Returned with Application

The following recipient of a towing license from the Township of Springfield for the year 2007, does hereby acknowledge the following:

- 1. I have received and reviewed a copy of Section 4-27 of the Code of the Township of Springfield, "Towing" and new amended Ordinance.*
- 2. I have read the entirety of same.*
 - Requiring prompt communication with the Springfield Police*
 - Requiring availability to respond within 15 minutes on all calls*
 - Prohibiting responding except per police instructions*
 - Requiring that all disputes be reported to the Chief of Police*
 - Requiring that as promptly as possible, all owners or drivers be informed of the right to choose another towing operator who is not a Licensed operator.*
 - Prohibiting the solicitation or diversion of patrons of another operator and the solicitation or diversion of a driver from a given repair service to another.*
 - Requiring that as promptly as possible, all owners or drivers be informed of the right to designate a location to which the vehicle will be towed.*
- 3. That this form is merely an acknowledgment of these obligations and the full text of the Ordinance and amendments shall be enforceable as to all obligations set forth in detail therein.*

Authorized Towing Operator

Dated: