

TOW TRUCK APPLICATION

Business/Tow Truck Information								
							Check one:	
Name of Company (Registered and Operating as)							Renewal	
							New	
							Transfer	
Business Address (Street number and name)								
City Postal Co		Code Telephone			Fax			
E-mail Address								
Tow Truck Registered Owner				Tow	Tow Truck Owner Main Contact			
Leasing Company Leasing Company Teleph							npany Telephone	
Year/Make Mo			lel	Color				
VIN				Plate		Township Plate		
		•						
Date of MTO Annual Inspection Business Name of MTO Annual Inspection Static								
			1					
Insurance Provider			Policy Nur	F	Number			
	motion	مامان	 		by clarci	na 46:-	onnlightigh Lagrage	
I hereby verify that the info to conform to all applicable	-					-	•••	

revocation of my licence.

Signature of Tow Truck Owner

Date

Received By

Date

Personal information contained on this form is collected pursuant to *The Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of Dog Licensing and Canine Control. Questions about this collection should be directed to the FOI Coordinator, The Corporation of the Township of Oro-Medonte, 148 Line 7 South, Oro-Medonte, Ontario LOL 2E0