



## TOW TRUCK DRIVER APPLICATION

Business/Tow T	ruck Driver Inform	nation			
					Check one:
Name of Company (Registered and Operating as)					Renewal New
					146W
Business Address	s (Street number ar	nd name)			
City	Postal Code	Telephone		Fax	
E-mail Address	<u>'</u>				
Tow Truck Driver's Name			Tow Truck Driver's Phone Number		
Tow Truck Driver's Address			City/Town		
TOW TIUCK DIIVE	3 Addiess		Oity.	/ 1 O W 11	
Tow Truck Driver	's Phone Number	Tow Truck [	Driver's Email		
Licence Class		Expiry	Expiry		
I hereby verify that the to conform to all apprevocation of my lice	licable laws, I unders ence.		g to do so may		
Signature of Tow 1	Fruck 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 L0L 2E0