



Dispatch Office for  
Acme Towing & Recovery, Inc.  
505-836-2000 phone 765-2443 fax

**REQUEST FOR REMOVAL OF VEHICLE**

This form authorizes Acme Towing, or its assigns, to remove the illegally parked and/or abandoned vehicle listed below. **ONLY ONE VEHICLE PER FORM. PLEASE PRINT. ALL SPACES MUST BE FILLED IN.**

Address of Business/Complex \_\_\_\_\_

Name of Business/Complex \_\_\_\_\_

Name of Business/Complex Owner \_\_\_\_\_

Location of Vehicle on property \_\_\_\_\_

Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Reason for removal \_\_\_\_\_ Date removal requested \_\_\_\_\_

Make of vehicle \_\_\_\_\_ Model of vehicle \_\_\_\_\_ Color \_\_\_\_\_

License plate or VIN number \_\_\_\_\_

Is there any visible damage? If so, what type? \_\_\_\_\_

Does vehicle have all tires & wheels? \_\_\_\_\_

How long has the vehicle been illegally parked? \_\_\_\_\_

First & Last name of person authorizing the tow \_\_\_\_\_

Title of person authorizing the tow \_\_\_\_\_

Signature of person authorizing the tow \_\_\_\_\_

**FOR DRIVERS USE ONLY:**

Date completed \_\_\_\_\_ Time completed \_\_\_\_\_ Ticket # \_\_\_\_\_

***FAX THIS COMPLETED FORM TO (505) 765-2443***