



AUTHORITY TO LIFT, CARRY OR TOW

Tow Truck Owner _____ Name or Owner of vehicle to be moved _____

Address _____ Address of Owner _____

Make of Vehicle _____ Rego No. _____

Place from which vehicle is to be moved _____

Place to which vehicle is to be moved _____

- ★ Being
 - ★ Due absence or incapacity of
- } the owner, driver or person in charge of the described motor vehicle

I AUTHORISE IT TO BE MOVED TO AND STORED AT THE STATED PLACE

(*Cross out Inapplicable word)

Signature _____ Date _____ Time _____

Address if not Owner _____

Capacity of Signatory if not Owner (eg driver, person in charge) _____

(NOTE : To be signed by the Owner, driver or person claiming to be in charge of the Vehicle, or in their absence or incapacity by a Police Officer who shall record his rank, number and Station)

Name of Driver of Tow Truck Driver _____

Reg. No. of Tow Truck _____ Driver's Certificate No _____

Name of Insurer (where applicable) _____

FOR OFFICE USE ONLY

Towage _____

Salvage _____

Storage _____

Second Tow _____

Sundries _____

Total

Received the above sum

Per _____