



City of Bridgeton
Municipal Clerk office
181 E. Commerce Street
Bridgeton, NJ 08302

Phone: 856 455-3230
Fax : 856 451- 5321
www.cityofbridgeton.com

TOWING APPLICATION

(In Accordance with Ordinance No.07-22)

**Application is hereby made for Towing Services in the City of Bridgeton.
In order to comply with State laws and City Ordinances, the following information
is furnished:**

Name: _____

Address: _____

Phone: _____

Age: _____ Birth Date: _____ Birth Place: _____

Social Security Number: _____

Business/ Trade Name: _____

Address: _____

Phone Number: _____

If incorporated, where incorporated and address of local address office: _____

Owner: _____

Lessee: _____

Other: _____

Address: _____

Phone Number: _____

Tow Trucks or Wreckers Location: _____

Hourly Availability: _____

DESCRIPTION OF VEHICLES:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Serial Number</u>	<u>Motor Capacity</u>	<u>Time in use</u>



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Signature

Print Name

Address

Date

D.O.B

Social Security Number

Witness

Date

ACKNOWLEDGMENT

I, _____ hereby acknowledge receipt of Chapter 334 of the Code of the City of Bridgeton pertaining to and regulating the conduct of towing license.

Signature _____

Dated: _____

OFFICE USE ONLY

Fee paid: yes no amount: \$ _____

Report of investigating officer

Approved: **denied:**

Investigating officer signature: _____

Date police report received: _____

Director of public safety

Approval: _____

denial: _____

Date approved by city council: _____