Complaint Form

Arkansas Tow and Recovery Board

Mail or Fax to 7418 North Hills Blvd. North Little Rock, AR 72116 ~ Phone (501) 682-3801 /

Fax (501) 682-3589

Check One: ◯ Vehicle Owner ◯ Lien Holder ◯ Insurance Provider

Date Received Office Use Only	Type (Office Use Only)	Number (Office Use Only)
	Date	Date Vehicle was Towed

RESPONDENT INFRORMATION

Tow Company:	Address Street/City/State/Zip:	Phone #:
Tow Driver Operator	Address Street/City/State/Zip:	Phone #:

COMPLAINTANT INFORMATION

Complainant Name:	Address Street/City/State/Zip:	Phone Number:
Witness Name:	Address Street/City/State/Zip:	Phone Number:

VEHICLE INFORMATION

Year:	Make:	Model:
VIN (Vehicle Identification Number):		License Plate # and State

Facts of Complaint: (Please use additional pages if necessary. Provide as much detail and information about your complaint that you can.)

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_____ _____

Signature *(Required) Date

By signing this document you agree to the following: A. That the allegations contained within are true and correct to the best of your knowledge. (You may be required to attend and/or testify in a disciplinary hearing concerning these allegations). B.. That you meet the minimum requirement as a "consumer" as defined by Act 1117 and Board Rule 1.24.

Complaint Form Continuation

Arkansas Tow and Recovery Board

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