LOUISIANA STATE POLICE TOWING & RECOVERY UNIT COMPLAINT FORM

PLEASE PRINT

•					
DATE OF STATEMENT		VEHICLE Y	R / MA	AKE /	MODEL
FULL NAME OF PERSON FILING COMPLAINT		VEHICLE L	ICENSE NO.		STATE
		2 1/2900			
CURRENT PHYSICAL ADDRESS		VEHICLE II	DENTIFICATION NUM	MBER (VIN)	
	OW A MY	700	DADICH		
CITY	STATE	ZIP	PARISH		
PHONE NUMBER					
THORE NORDEX					
COMPANY COMPLAINT IS AGAINST	- AMAR # 0				
				2204	
NAME OF COMPANY OWNER OR REPRESENTATIVE					a.
COMPANY ADDRESS					
COMPAN I ADDRESS					
CITY ,	STATE	ZIP	PARISH	1	1.7
DATE COMPLAINT OCCURRED		EST	MATED TIME OF CO	MPLAINT	
LOCATION COMPLAINT OCCURRED					
			am the pot top p	OT ATION TONE	
WHO REQUESTED THE SERVICE YOU RECEIVED			STATE POLICE RO	JIATION TOW!	YES NO
NAME OF WITNESS THAT CAN ADD A STATEMENT TO YOU	R COMPLAINT		PHONE		****
DO YOU HAVE AN ITEMIZED RECEIPT? YES NO	WAS YOUR VEH	HCLE TOWED!	L YES L NO		
STORED? YES NO WHERE?					
PLEASE GIVE A DETAILED REPORT OF YOUR	COMPLAINT	ON THE N	EXT PAGE AND	ATTACH CO	OPIES OF
RECEIPTS, ADDITIONAL STATEMENTS, ETC. OTHE FOLLOWING OPTIONS:	UNCE COMPI	LETE, PKIN	I AND SIGN BEI	TORE RETU	DILICO DILINA
MAII TO: I SP TOWING & RECOVERY OR	FAX TO: (22	5) 922-3120			

MAIL TO: LSP TOWING & RECOVERY OR FAX TO: (225) 922-312 PO BOX 66614 BOX A-26 BATON ROUGE, LA 70896

LOUISIANA STATE POLICE TOWING & RECOVERY UNIT COMPLAINT FORM

NATURE OF COMPLAINT:	

SIGNATURE OF COMPLAINANT:

I HEARBY ATTEST UNDER PENALTY OF LAW, THE PROVIDED INFORMATION IS TRUE AND CORRECT.