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# Road Service

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |              |  |                     |  |                          |  |                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|--|---------------------|--|--------------------------|--|---------------------|--|
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | TIME         |  | A.M.<br>P.M.        |  | REQUESTED BY             |  | P.O. NO.            |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |              |  |                     |  | PHONE                    |  |                     |  |
| ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |              |  |                     |  |                          |  |                     |  |
| CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |              |  |                     |  | STATE                    |  | ZIP                 |  |
| LOCATION OF VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |              |  |                     |  |                          |  |                     |  |
| YEAR, MAKE, MODEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |              |  |                     |  | COLOR                    |  | DRIVER              |  |
| STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | LIC PLATE NO |  | VEHICLE I.D. NO     |  |                          |  | REGISTERED OWNER    |  |
| <b>MILEAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |              |  | <b>SERVICE TIME</b> |  |                          |  | <b>EXTRA PERSON</b> |  |
| FINISH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |              |  | FINISH              |  |                          |  | FINISH              |  |
| START                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |              |  | START               |  |                          |  | START               |  |
| TOTAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |              |  | TOTAL               |  |                          |  | TOTAL               |  |
| <b>REASON FOR TOW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |              |  |                     |  |                          |  |                     |  |
| <input type="checkbox"/> ACCIDENT <input type="checkbox"/> ABANDONED <input type="checkbox"/> FLAT TIRE<br><input type="checkbox"/> ARREST <input type="checkbox"/> STOLEN CAR <input type="checkbox"/> OUT OF GAS<br><input type="checkbox"/> UNREGISTERED <input type="checkbox"/> BREAK DOWN <input type="checkbox"/> IMPOUNDED<br><input type="checkbox"/> TOW ZONE <input type="checkbox"/> LOCK OUT <input type="checkbox"/> _____<br><input type="checkbox"/> SNOW REMOVAL <input type="checkbox"/> START <input type="checkbox"/> _____ |  |              |  |                     |  |                          |  |                     |  |
| <b>SPECIAL EQUIPMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |              |  |                     |  |                          |  |                     |  |
| <input type="checkbox"/> SINGLE LINE WINCHING<br><input type="checkbox"/> DUAL LINE WINCHING<br><input type="checkbox"/> SNATCH BLOCKS<br><input type="checkbox"/> SCOTCH BLOCKS<br><input type="checkbox"/> DOLLY                                                                                                                                                                                                                                                                                                                              |  |              |  |                     |  |                          |  |                     |  |
| <b>TYPE OF TOW</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |              |  |                     |  |                          |  |                     |  |
| <input type="checkbox"/> SLING/HOIST TOW<br><input type="checkbox"/> FLAT BED RAMP<br><input type="checkbox"/> WHEEL LIFT<br><input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                                                                                     |  |              |  |                     |  |                          |  |                     |  |
| <b>TOW PER ORDER OF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |              |  |                     |  |                          |  |                     |  |
| <input type="checkbox"/> STATE POLICE      FIRST TOW<br><input type="checkbox"/> LOCAL POLICE<br><input type="checkbox"/> OWNER      SECOND TOW<br><input type="checkbox"/> DEALER                                                                                                                                                                                                                                                                                                                                                              |  |              |  |                     |  |                          |  |                     |  |
| <b>STORAGE FROM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |              |  |                     |  | <b>TOWING CHARGE</b>     |  |                     |  |
| _____ TO _____ DAYS @ \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |              |  |                     |  | <b>MILEAGE CHARGE</b>    |  |                     |  |
| <b>PAID BY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |              |  |                     |  | <b>EXTRA PERSON</b>      |  |                     |  |
| <input type="checkbox"/> CASH <input type="checkbox"/> CHECK      DRIVER'S LIC. NO. _____<br><input type="checkbox"/> CREDIT CARD <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER                                                                                                                                                                                                                                                                                     |  |              |  |                     |  | <b>SPECIAL EQUIPMENT</b> |  |                     |  |
| EXP. DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |              |  |                     |  | <b>LABOR CHARGE</b>      |  |                     |  |
| CC NO. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |              |  |                     |  | <b>STORAGE</b>           |  |                     |  |
| OPERATOR'S SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |              |  |                     |  | <b>SUB-TOTAL</b>         |  |                     |  |
| TRUCK NO. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |              |  |                     |  | <b>TAX</b>               |  |                     |  |
| AUTHORIZED SIGNATURE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |              |  |                     |  | <b>TOTAL</b>             |  |                     |  |
| VEHICLE RELEASED TO _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |              |  |                     |  |                          |  |                     |  |

Not responsible for loss or damage to vehicle in case of fire, theft or any other cause beyond our control.

*Thank You!*

*Thank You!*

# Fake Towing Invoice

**ML Morrison**

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the ML Morrison text bar.

## **Fake Towing Invoice:**

## **Fake Towing Invoice** Book Review: Unveiling the Magic of Language

In an electronic era where connections and knowledge reign supreme, the enchanting power of language has become much more apparent than ever. Its power to stir emotions, provoke thought, and instigate transformation is truly remarkable. This extraordinary book, aptly titled "**Fake Towing Invoice**," compiled by a highly acclaimed author, immerses readers in a captivating exploration of the significance of language and its profound effect on our existence. Throughout this critique, we will delve into the book's central themes, evaluate its unique writing style, and assess its overall influence on its readership.

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