Fauquier County Tow Board

Citizens Complaint Form

Name: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Tow Company Involved: _____

Date of Incident: _____ Vehicle Type: _____

Vehicle Tag # or VIN # _____

Description: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Citizen Signature: _____ Date: _____

Receiving Person: _____