



DEPARTMENT OF PUBLIC SAFETY

Wrecker Services Division Records Request Form

Your Name Company Name (if applicable)

Address ()
City ST Zip Phone

Vehicle Identification Number Year Make Model

Tag # Tag State/Tribe Expiration Date Decal #

Date Stored Name of Wrecker Service DPS #

Type of information requested: Tow Request and Authorization Form
(Check one) 30-Day Report of Stored Vehicle
 Proof of Law Enforcement Notification
 Wrecker Service Information
Be Specific: _____

Remarks:

Signature _____ Date _____

Complete and mail to: Department of Public Safety
Wrecker Services Division
PO Box 11415
Oklahoma City, OK 73136

or fax to (405)425-2031
questions?(405)425-2312