



VNR-10

Vehicle Removal Request

Date _____

Date Vehicle Noticed _____ Address _____

Location On Property _____

Reason for Removal _____

Make _____ Model _____ Color _____

License _____ Vin # _____

Person Requesting Tow _____

Job Title _____ Office Phone # _____

Office Address _____

Time of Removal Request _____

Signature _____

(Please fax this to our office 916-646-6310. You are required to be present at time of removal.)

2751 Land ave #A
Sacramento, CA 95815
916-646-1916
916-646-6310 Fax