



NIAGARA REGIONAL POLICE SERVICE

WEEKLY TOWING REPORT

TO: DISTRICT TOWING COORDINATOR
NIAGARA REGIONAL POLICE SERVICE

COMPANY NAME: _____

COMPOUND ADDRESS: _____

TEL: _____ FAX: _____ EMAIL: _____

RETURN FOR WEEK ENDING: _____
(Sunday to Saturday) YEAR - MONTH - DAY

NOTE: (1) LIST ALL THE VEHICLES HELD IN STORAGE, INCLUDING THOSE PREVIOUSLY REPORTED
(2) THIS REPORT MAY BE LEFT AN ANY OFFICE OF THE NIAGARA REGIONAL POLICE SERVICE

VEHICLES HELD IN STORAGE AS A RESULT OF POLICE REQUESTED TOWS

LICENCE/VIN NUMBER	DESCRIPTION (MAKE & YEAR)	NRP CASE #	DATE TOWED

DATE

AUTHORIZED SIGNATURE

INCOMPLETE FORMS WILL BE RETURNED FOR RE-SUBMISSION

**** FAILURE TO SUBMIT REPORTS ON WEEKLY BASIS MAY RESULT
IN SUSPENSION OF TOWING PRIVILAGES**

FORM 119.03.12