



# NIAGARA REGIONAL POLICE SERVICE TOW ROTATION APPLICATION FORM

By-Law Enforcement / Licencing Unit

Date: \_\_\_\_\_  
(yyyy/mm/dd)

New Application       Change of Compound       Change of Telephone Number

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NAME BUSINESS BEING OPERATED UNDER: \_\_\_\_\_

INCORPORATED OR LIMITED COMPANY NAME: \_\_\_\_\_  
(a copy of the certificate is required to process the application)

NAME OF OWNER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

FACSIMILE NUMBER: \_\_\_\_\_

VEHICLE STORAGE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(ONLY IF DIFFERENT FROM ABOVE ADDRESS)

24 HOUR TELEPHONE NUMBER: \_\_\_\_\_

NUMBER OF LICENCED VEHICLES REGISTERED TO THIS BUSINESS: \_\_\_\_\_

**APPLICANT'S STATEMENT**

I, THE UNDERSIGNED, CONFIRM AS THE BUSINESS OWNER(S) THAT THE ABOVE NOTED INFORMATION IS CORRECT AND AGREE TO COMPLY WITH ALL PROVISIONS OF THE TOW ROTATION AGREEMENT AND ALL APPLICABLE REGIONAL MUNICIPALITY OF NIAGARA POLICE SERVICES BOARD AND MUNICIPAL BYLAWS. I ALSO UNDERSTAND THAT THE BUSINESS OWNER(S) IS/ARE RESPONSIBLE FOR THE OVERALL MANAGEMENT OF THE BUSINESS INCLUDING STAFF AND EMPLOYEES WHILE REPRESENTING THE OWNER'S BUSINESS. FURTHER FAILURE TO MEET THESE OBLIGATIONS WILL RESULT IN REMOVAL FROM THE TOW ROTATION LIST AS SET OUT IN THE AGREEMENT. I CONFIRM THAT I HAVE RECEIVED AND HAVE READ A COPY OF THE TOW ROTATION AGREEMENT

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

DATE CAD NOTIFIED: \_\_\_\_\_ CAD NOTIFIED BY: \_\_\_\_\_