NIAGARA REGIONAL POLICE SERVICE

WEEKLY TOWING RETURN

TO: DISTRICT TOWING COORDINATOR
NIAGARA REGIONAL POLICE SERVICE

COMPANY NAME: _____

RETURN FOR THE WEEK ENDING: _____
YEAR - MONTH - DAY

NOTE: (1) LIST ALL THE VEHICLES HELD IN STORAGE, INCLUDING THOSE PREVIOUSLY REPORTED

(2) THIS REPORT MAY BE LEFT AT ANY OFFICE OF THE NIAGARA REGIONAL POLICE SERVICE

VEHICLES HELD IN STORAGE AS A RESULT OF POLICE REQUESTED TOWS

LICENCE NUMBER	DESCRIPTION (MAKE & YEAR)	DATE TOWED

_____ _____
DATE AUTHORIZED SIGNATURE

FORM 119.03.12

VEHICLES HELD IN STORAGE (CONTINUED)

LICENCE NUMBER	DESCRIPTION (MAKE & YEAR)	DATE TOWED

DATE

AUTHORIZED SIGNATURE

FORM 119.03.12