



TOW SERVICE ROTATION AGREEMENT

CITY OF RAYMORE, MO

100 MUNICIPAL CIRCLE

RAYMORE, MO 64083

816-331-0530

(Please Print)

APPLICANT INFORMATION

Company Name	Date
Physical Street Address of Business	City, State, Zip
<u>Mailing Address</u> , if Different from Above	City, State, Zip
Tow Lot Address (must be in MO and within 15 miles of Raymore)	City, State, Zip
Primary Phone Number	Alternate Phone Number
Owner Name	
Email Address	

AGREEMENT REQUIREMENTS

I am authorized by the Company to sign on its behalf and agree to abide by all of the specifications detailed in the City of Raymore Tow Service Rotation Procedure.

I also understand that to remain active in the Tow Rotation, I must have a:

- Current City of Raymore Occupational License
- Tow Permit Application On File for All Employees Who May Tow in the City of Raymore

Signature of Principal Officer	Date
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ADMINISTRATIVE USE ONLY

Date Received	Application #
Reviewer's Signature	Date
Circle One Approved Denied	Reason for Denial