



# TOWING PERMIT FORM

Department of Code Enforcement

745 Main Street

P.O. Box 69

Niagara Falls, NY 14302-0069

Telephone: (716) 286-4450

Fax: (716) 286-4454

I, \_\_\_\_\_, of \_\_\_\_\_  
Name Address

at \_\_\_\_\_ on \_\_\_\_\_, do hereby request that a vehicle  
Time Date

\_\_\_\_\_ be removed from my property as it  
Located at

has been left on said property for more than ninety-six hours without  
my permission.

Make (GM, Ford, etc.)	
Model (Tempo, Escort, etc)	
Year	
Color	
Vehicle I.D. No.	

\_\_\_\_\_  
Signature of Property Owner

Inspector: \_\_\_\_\_

In consideration of the removal of the above described vehicle, I hereby release and forever discharge the City of Niagara Falls and its successors, of and from all manner of action and actions, cause or causes of action, suits, debts and sums of money, dues, claims and demands whatsoever, in law or equity which I have ever had or now have against said City by reason of removal of said vehicle.

\_\_\_\_\_  
Signature of Property Owner

Inspector: \_\_\_\_\_

Date: \_\_\_\_\_

Return completed form for each car to address stated above