

State of Arkansas Towing & Recovery Board

7418 North Hills Boulevard • North Little Rock, Arkansas 72116

Office 501.682.3801 • FAX 501.682.3589 • General E.Mail artowing@arkansas.gov • Website www.artowing.org

Arkansas Towing & Recovery Board Complaint Form

		Number (office use o	nly):	
Date of complaint:		Date vehicle was towed:		
		☐ Insurance Provider ☐ Law Enforcement		
Respondent Information				
Tow Company	Address Street/City/State/Zip Phone #		Phone #	
Tow Driver Operator	Address Street/City/State/Zip		Phone #	
Complaintant Information				
Complainant Name	Address Street/City/State/Zip Phone #		Phone #	
Witness Name	Address Street/City/State/Zip Phone #		Phone #	
Vehicle Information				
Year: Make:		Model:		
VIN (Vehicle Identification Number):				
License Plate # and State:				
Facts of Countries (Discountries of Countries of Countrie				
Facts of Complaint: (Please use additional pages if necessary. Provide as much detail and information about your complaint that you can.)				

Signature: Date:

By signing this document you agree to the following: A. That the allegations contained within are true and correct to the best of your knowledge. (You may be required to attend and/or testify in a disciplinary hearing concerning these allegations). B. That you meet the minimum requirement as a "consumer" as defined by Act 1117 and Board Rule 1.24.



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Additional Page:			

Signature:	Date:
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