



Arkansas Towing and Recovery Board

900 West Capitol Avenue, Suite 400 Little Rock, AR 72201

Office: 501-682-3801 General email: artowing@arkansas.gov Website: www.artowing.org

Arkansas Towing & Recovery Board Complaint Form

Number (office use only):

Date of complaint:

Date vehicle was towed:

Relation to tow: ☐ Vehicle Owner ☐ Lien Holder ☐ Insurance Provider ☐ Law Enforcement

Respondent Information

Tow Company	Address Street/City/State/Zip	Phone #
Tow Driver Operator	Address Street/City/State/Zip	Phone #

Complainant Information

Complainant Name	Address Street/City/State/Zip	Phone #
Witness Name	Address Street/City/State/Zip	Phone #

Vehicle Information

Year:	Make:	Model:
VIN (Vehicle Identification Number):		
License Plate # and State:		

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.

Mail to: 900 West Capitol Avenue, Suite 400, Little Rock, AR 72201 or Email to: artowing@arkansas.gov



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Additional Page:

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