

Rec #: _____

Amnt: _____

**CAUSE NO. J2-CV-1 - _____
APPLICATION FOR HEARING ON UNLAWFUL TOWING**

OWNER OR OPERATOR OF VEHICLE

Name: _____ Phone: _____

Address: _____

City/State/Zip Code: _____

Vehicle Type/Description: _____

Vehicle Tag Number: _____ Date Vehicle Was Removed: _____

Vehicle Was Removed From: _____
Address

City, State, Zip Code

PERSON OR LAW ENFORCEMENT AGENCY THAT AUTHORIZED REMOVAL

Name: _____ Phone: _____

Address: _____

City/State/Zip Code: _____

VEHICLE STORAGE FACILITY

Name: _____ Phone: _____

Address: _____

City/State/Zip Code: _____

A copy of any receipt or notification that the owner or operator received from the towing company or vehicle storage facility should be attached. If the vehicle was removed from a parking facility, photographs showing the location and text of any signs posted at the facility restricting parking of vehicles or a statement that no signs restricting parking were posted at the parking facility should also be attached.