

**BOROUGH OF STRATFORD
315 UNION AVENUE
STRATFORD, NEW JERSEY 08084
(856) 783-8616**

TOWING APPLICATION

**FOR THE YEAR: JANUARY 1, 2024 OR UPON AWARD TO DECEMBER 31, 2025,
WITH AN OPTION OF MAYOR AND COUNCIL TO EXTEND SAID
CONTRACT FOR AN ADDITIONAL 1 YEAR (JANUARY 1, 2026 +
THRU DECEMBER 31, 2026).**

**TO BE SUBMITTED TO THE CHIEF OF POLICE BY MARCH 29, 2024 IN PERSON
DELIVER WITH ALL REQUIRED DOCUMENTS AND PROOFS**

1. NAME OF TOWING BUSINESS _____

ADDRESS OF TOWING BUSINESS _____

TELEPHONE: _____

FEDERAL TAX I.D. NO. (IF APPLICABLE): _____

TYPE OF OWNERSHIP: SOLE PROPRIETORSHIP _____

PARTNERSHIP _____

CORPORATION _____

OTHER (EXPLAIN) _____

IF CORPORATION, NAMES AND ADDRESSES OF ALL OFFICERS AND
STOCKHOLDERS WITH INTEREST HELD BY EACH ARE REQUIRED TO BE LISTED
AND PART OF THE APPLICATION.

2. NAME OF OWNER: _____

HOME ADDRESS OF OWNER: _____

SOCIAL SECURITY NO: _____

DRIVER'S LICENSE NO: _____

DATE OF BIRTH: _____ PLACE OF BIRTH _____

3. BLOCK _____
LOT _____

ZONING _____

4: DESCRIPTION OF WRECKERS (TOW TRUCKS)

MAKE: _____

MODEL: _____

YEAR: _____

TYPE: _____

SERIAL NO.: _____

MOTOR CAPACITY: _____

LENGTH OF TIME WRECKER IN USE: _____

ATTACH ADDITIONAL SHEETS WITH SAME INFORMATION IF MORE THAN ONE WRECKER OR TOW TRUCK

5. STORAGE FACILITY: _____

STORAGE SPACES:

INDOOR: _____

OUTDOOR: _____

TOTAL STORAGE AREA: _____

HEIGHT & NATURE OF SECURITY FENCING: _____

LIGHTING UTILIZED:

HOURS/DAYS OF OPERATION/RELEASE: _____

6. PERSONNEL/EMPLOYEES:

1. NAME:

ADDRESS: _____

TELEPHONE: _____

SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NO: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

7. ADDITIONAL DOCUMENTS (AS MAY BE APPLICABLE):

ZONING PERMIT: _____

PROOF OF TAXES PAID: _____

PROOF OF UTILITIES PAID: _____

PROOF OF APPLICATION FEE PAID: _____

CERTIFICATE OF INCORPORATION: _____

TRADE NAME CERTIFICATE: _____

POLICE BACKGROUND CHECK: _____

DEED OR LEASE FOR PREMISES: _____

TITLE/LEASE AGREEMENT FOR ALL TOW TRUCKS: _____

COPY OF SURVEY/PLOT PLAN SHOWING FACILITY: _____

PROOF OF TWO-WAY RADIO CAPABILITY: _____

CERTIFICATE OF INSURANCE: _____

COPY/PROOF OF PROPER INSURANCE AND COVERAGES REQUIRED.

**LIST OF TWO MUNICIPAL REFERENCES FOR GOVERNMENT TOWING
PERFORMANCE IN THE STATE OF NEW JERSEY WITHIN THE PAST 36 MONTHS.
PROVIDE COPIES OF ANY ASSOCIATED APPLICATIONS OR CONTRACTS RELATED
TO THE PERFORMANCE.**

8. FEES FOR SERVICES TO FACILITY:

GENERAL TOWING FEES:

IMPOUNDS: _____

MOTOR VEHICLE ACCIDENTS: _____

STOLEN/RECOVERY VEHICLES: _____

ADDITIONAL SERVICES: YES OR NO

JUMPSTART FEE: _____

FLAT TIRE FEE: _____

LOCKOUT SERVICE FEE: _____

24/7 COURTESY TOWS, TIRE CHANGES OF MUNICIPALLY OWNED
VEHICLES WILL BE PROVIDED TO THE ENTITY WITHIN A **70** MILE RADIUS

INITIAL _____

ACCEPTABLE RESPONSE TIME IS DETERMINED AT THE SOLE
DESCRETION OF THE STRATFORD POLICE DEPARTMENT.

INITIAL _____

PLEASE DETAIL THE NUMBER OF TOW OPERATORS WHO ARE ON CALL, THAT
RESIDE WITHIN 3 MILES OF THE BOROUGH OF STRATFORD AND WHO WHERE
THEIR TOW VEHICLES WILL BE PARKED FOR FASTER RESPONSE TIME.

CERTIFICATION/AUTHORIZATION/RELEASE

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS OR ATTACHED DOCUMENTS ARE
TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF. I UNDERSTAND
THAT IF ANY STATEMENT MADE BY ME IS WILFULLY FALSE, I AM SUBJECT TO
PUNISHMENT. I ACKNOWLEDGE THAT I AM FAMILIAR WITH THE RULES AND
REGULATIONS PERTAINING TO APPROVED TOWERS IN THE BOROUGH OF STRATFORD,
INCLUDING RESPONSE TIME AS DETERMINED AS RESPONSIVE BY THE STRATFORD
POLICE DEPARTMENT, RESPONSE TIME SHALL BE CAUSE TO CANCEL, AFTER ONE PRIOR
WRITTEN NOTICE TO IMPROVE. I / WILL AS WELL AS THE ORDINANCE PROVISIONS SET
FORTH, OR ANY AMENDMENTS THERETO, OF THE CODE OF THE BOROUGH OF
STRATFORD, AS WELL AS THE ESTABLISHED TOWING FEES. I AGREE TO BE BOUND BY
THESE PROVISIONS AND TO NOT CHARGE MORE THAN OR OTHER THAN THE
ESTABLISHED TOWING FEES. I RECOGNIZE THAT A VIOLATION OF THESE PROVISIONS
WILL INVALIDATE MY APPROVAL AS A TOWER FOR THE BOROUGH OF STRATFORD.

BY MAKING THIS APPLICATION, I AM AUTHORIZING THE STRATFORD POLICE
DEPARTMENT TO INVESTIGATE THIS APPLICATION TO DETERMINE MY ELIGIBILITY. I
UNDERSTAND THE BOROUGH OF STRATFORD IS HEREBY AUTHORIZED TO RELEASE ANY
AND ALL INFORMATION, DOCUMENTARY OR OTHERWISE, PERTAINING TO ME AND/OR
MY BUSINESS THAT RESULTS FROM THIS INVESTIGATION AS MAY BE NECESSARY IN
CONNECTION WITH THIS APPLICATION, IN ORDER TO REVIEW AND DETERMINE MY
ELIGIBILITY.

APPLICANT:

SWORN TO AND SUBSCRIBED
BEFORE ME THIS
DAY OF _____, 2024 ____

NOTE: A COMPLETED APPLICATION WITH ALL SUPPORTING DOCUMENTS (INCLUDING PROOF OF REAL ESTATE TAXES PAID) MUST BE SUBMITTED TO THE STRATFORD POLICE DEPARTMENT BY MARCH 29, 2024 FOR CONSIDERATION.