

**TOWNSHIP OF BRICK**  
**OFFICE OF THE MUNICIPAL CLERK**  
 401 CHAMBERS BRIDGE ROAD  
 BRICK, NEW JERSEY 08723  
 732-262-1001

**BRICK POLICE TOWING SERVICE APPLICATION**

APPLICANT

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Block and Lot: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ S.S. #: \_\_\_\_\_ DOB: \_\_\_\_\_

IF CORPORATION: List names and addresses of officers and directors, registered office and registered agent on reverse side.

DRIVER INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ S.S. #: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ S.S. #: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ S.S. #: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ S.S. #: \_\_\_\_\_ DOB: \_\_\_\_\_

INSURANCE INFORMATION

Automotive Liability:

Worker's Compensation and Garage Liability: Not less than \$1,000,000.00 combined single limit, garage keepers liability of not less than \$100,000.00 per vehicle, to further provide for fire, theft and explosion.

Enclose a copy of Certificate of Insurance

WRECKER INFORMATION

TYPE OF VEHICLE	YEAR, MAKE, MODEL	FULL V.I.N NUMBER	PLATE NUMBER	COLOR

DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_