

CASE NO: _____

Orange County, Florida - Board of County Commissioners

Towing Complaint Form

Trespass / Nonconsensual Towing
and Vehicle Immobilization

Definitions: Nonconsensual tow means the removal and storage of wrecked or disabled vehicles from an accident scene. Trespass tow means the removal or towing of a vehicle without the consent of the vehicle's owner or operator, when that vehicle is parked on private real property. Vehicle Immobilization means the use of a "boot" or other mechanism which causes a vehicle to be immobile.

Your Information:

Name: _____

Mailing address: _____

Day time phone: (____) _____ Alternate phone: (____) _____

Your e-mail address: _____

Vehicle Description: _____ Tag #/State: _____

Who is the registered owner of the vehicle? _____

Towing Company Information:

Name: _____

Mailing address: _____

Physical address if different: _____ [] Same

Contact person: _____

Phone: (____) _____ Fax: (____) _____

E-Mail Address: _____ Website: _____

Dispute Information:

Where was your vehicle parked? _____

Date and time of tow: _____

Have you retrieved your vehicle? _____ When? _____ Cost \$: _____

Type of complaint: Overcharged _____ Booting _____ Legally Parked _____

Missing and/or Improper Signs _____ Other _____

PLEASE READ THE FOLLOWING DISCLOSURE STATEMENT

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082, s.775.083 or s.837.06, Florida Statutes.

All documents and attachments submitted with this dispute are subject to public inspection pursuant to Chapter 119, Florida Statutes. **Please do not include Social Security numbers, bank/credit card account numbers or medical records with your information (unless specifically requested).** If we begin an investigation, a copy of your complaint will be mailed to the business you are complaining about. If you do not want the Consumer Fraud Unit to initiate an investigation and are only filing this complaint for information only, please place your initials here: _____.

I hereby certify that I have read this disclosure statement and that the information submitted on this complaint form and in the attached documents are true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

Your age category:

Under 20 20-29 30-39 40-49 50-59 60-69 70-79 80-89 90+

What we do: The Orange County Consumer Fraud Unit is tasked with the investigation of consumer complaints. In this capacity we provide two basic services for consumers. First, we attempt to mediate consumer complaints through informal contact with the parties involved. Secondly, we investigate complaints to gather evidence of violations of Florida Statutes and County Ordinances.

If you have a dispute: Please be sure you have made an effort to resolve the matter by dealing directly with the manager or owner of the business. If you have exhausted all attempts to resolve the matter, complete this form and return it to our office. We are not attorneys and cannot represent you legally. We will contact the business and notify you of our findings.

Return completed form, copy of tow receipt and any other documentation to:

Orange County Consumer Fraud Unit

www.OrangeCountyFL.net

415 N Orange Avenue

P.O. Box 1673

Orlando, FL 32802

PH: (407) 836-2490 FAX: (407) 836-1210

Email: fraudhelp@sao9.org