

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

**BRICK POLICE TOWING SERVICE APPLICATION- 2016**

<u>APPLICANT</u>				
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.				
<u>DRIVER INFORMATION</u>				
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: _____				
<u>INSURANCE INFORMATION</u>				
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				
<u>WRECKER INFORMATION</u>				
TYPE OF VEHICLE	YEAR, MAKE, MODEL	FULL V.I.N NUMBER	PLATE NUMBER	COLOR

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

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