

AGENCY RELEASE:

_CHP _LCSO _LPD _N/A

Adam Black DBA

- ☐ SHOP
☐ LOT

JONES TOWING

100 Soda Bay Road #4, Lakeport, CA 95453

Telephone: 707-263-6960 Fax: 707-263-1668

Email: jonestowing22@yahoo.com

CA# 541436

DATE: 10.2.24WORK ORDER: AB9164

REF # _____

PO# _____

- ☐ KEY
☐ NO KEY

"Upon request, you are entitled to receive a copy of the Towing Fees and Access Notice."

County Abatement

CUSTOMER NAME OR R/O		PHONE #	EMAIL	ADDRESS
LEGAL OWNER		PHONE#	EMAIL	ADDRESS
INSURANCE CO.		PHONE#	POLICY#	CLAIM#
2000	Toyota	Camry	white	9EW4288
YEAR	MAKE	MODEL	COLOR	LICENSE
4	T	1	B	G
2	8	2	8	1
7	7	9	9	2
1				

TYPE OF SERVICE REQUESTED:

LOCATION OF VEHICLE:

DESTINATION OF TOW:

Tow
16155 Quail Trail Clear Lake Oaks Ca
2485 Old Hwy 53 Clear Lake Ca

DRIVER: FLATBED AB

WRECKER _____

START: 10:30 am/pm

ARRIVAL: _____

DEPART: _____

END: 11:30 am/pm

START: _____ am/pm

ARRIVAL: _____

DEPART: _____

END: _____ am/pm

TOTAL TIME: 1.0

DATE STORAGE START: _____ DATE STORAGE ENDS: _____ TOTAL DAYS: _____

RECEIVED BY: _____ P/U Items

RELEASED BY: _____

NOTES: _____

FEES:

FLAT RATE

TOW \$400- \$350/HR.

STORAGE _____ \$125/DAY

LIEN _____ \$70/\$100

GATE OPENING _____ \$175

TOTAL: \$400.00

PAID _____ cc _____ cash _____ check

YOU MUST READ BOTH SIDES OF THIS AGREEMENT BEFORE SIGNING. Your signature below indicates that you agree to all terms and conditions of this agreement. Customer is hereby notified that said property/vehicle is not insured or protected against loss occasional by theft, fire or vandalism while property/vehicle remains with Adam Black DBA Jones Towing.

Customer Signature

[Signature]

AGENCY RELEASE:

☐ CHP ☐ LCSO ☐ LPD ☐ N/A

Adam Black DBA

JONES TOWING

100 Soda Bay Road #4, Lakeport, CA 95453

Telephone: 707-263-6960 Fax: 707-263-1668

Email: jonestowing22@yahoo.com

CA# 541436

☐ SHOP
☐ LOT

☐ KEY
☐ NO KEY

DATE: 10.2.24

WORK ORDER: AB9145

REF # _____

PO# _____

"Upon request, you are entitled to receive a copy of the Towing Fees and Access Notice."

County Abatement

CUSTOMER NAME OR R/O	PHONE #	EMAIL	ADDRESS																								
LEGAL OWNER	PHONE#	EMAIL	ADDRESS																								
INSURANCE CO.	PHONE#	POLICY#	CLAIM#																								
<u>DL Toyota</u>	<u>Privy</u>	<u>Tul</u>	<u>7WXE936</u>																								
YEAR	MAKE	MODEL	COLOR																								
<u>2005</u>	<u>Toyota</u>	<u>Camry</u>	<u>Black</u>																								
<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td> </tr> <tr> <td><u>5</u></td><td><u>1</u></td><td><u>2</u></td><td><u>3</u></td><td><u>4</u></td><td><u>5</u></td><td><u>6</u></td><td><u>7</u></td><td><u>8</u></td><td><u>9</u></td><td><u>10</u></td><td><u>11</u></td> </tr> </table>				1	2	3	4	5	6	7	8	9	10	11	12	<u>5</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>
1	2	3	4	5	6	7	8	9	10	11	12																
<u>5</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>																

TYPE OF SERVICE REQUESTED: Tow

LOCATION OF VEHICLE: 16155 Quail Trail Chualar Calif CA

DESTINATION OF TOW: 2485 Old Hwy 93 Chualar CA

DRIVER: FLATBED AB

WRECKER _____

START: 9:30 am/pm

ARRIVAL: _____

DEPART: _____

END: 10:30 am/pm

START: _____ am/pm

ARRIVAL: _____

DEPART: _____

END: _____ am/pm

TOTAL TIME: 1.0

DATE STORAGE START: _____ DATE STORAGE ENDS: _____ TOTAL DAYS: _____

RECEIVED BY: _____ P/U Items

RELEASED BY: _____

NOTES: _____

FEES:

FLAT RATE _____
TOW \$400- \$350/HR.
STORAGE _____ \$125/DAY
LIEN _____ \$70/\$100
GATE OPENING _____ \$175

TOTAL: \$400.00

PAID cc cash check

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Customer Signature

[Signature]

AGENCY RELEASE:

☐ CHP ☐ LCSO ☐ LPD ☐ N/A

Adam Black DBA

JONES TOWING

100 Soda Bay Road #4, Lakeport, CA 95453
Telephone: 707-263-6960 Fax: 707-263-1668
Email: jonestowing22@yahoo.com
CA# 541436

DATE: 10-2-24
WORK ORDER: AB9108
REF # _____
PO# _____

☐ SHOP
☒ LOT

☐ KEY
☒ NO KEY

"Upon request, you are entitled to receive a copy of the Towing Fees and Access Notice."

County Abatement

CUSTOMER NAME OR R/O	PHONE #	EMAIL	ADDRESS
LEGAL OWNER	PHONE#	EMAIL	ADDRESS
INSURANCE CO.	PHONE#	POLICY#	CLAIM#
<u>76 Dodge</u>	<u>Motorhome</u>	<u>white</u>	<u>No plate</u>
YEAR	MAKE	MODEL	COLOR
<u>F</u>	<u>3</u>	<u>4</u>	<u>B</u>
<u>F</u>	<u>6</u>	<u>D</u>	<u>1</u>
<u>2</u>	<u>0</u>	<u>4</u>	<u>5</u>
<u>0</u>	<u>1</u>	<u>0</u>	<u>1</u>

TYPE OF SERVICE REQUESTED: Tow

LOCATION OF VEHICLE: Spring Valley Rd Churchland Oaks CA

DESTINATION OF TOW: 2425 Old Hwy 53 Churchland CA

DRIVER: FLATBED AB

WRECKER _____

START: 100 am/pm

ARRIVAL: _____

DEPART: _____

END: 2:30 am/pm

START: _____ am/pm

ARRIVAL: _____

DEPART: _____

END: _____ am/pm

TOTAL TIME: 1.5

DATE STORAGE START: _____

DATE STORAGE ENDS: _____

TOTAL DAYS: _____

RECEIVED BY: _____

P/U Items

RELEASED BY: _____

NOTES: _____

FEES:

FLAT RATE

TOW

\$ 650-

\$350/HR.

STORAGE

\$125/DAY

LIEN

\$70/\$100

GATE OPENING

\$175

TOTAL:

\$ 650-

PAID

cc

cash

check

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