

OFFICE OF THE CITY CLERK

City Hall, 1 Kennedy Plaza
Utica, New York 13502

Tel.: (315) 792-0113

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Melissa Sciortino

City Clerk

Andrew Castilla

Deputy City Clerk

**APPLICATION TO BE PLACED ON
THE TOW TRUCK / WRECKER / FLATBED ROTATION**

1. Mark the appropriate box to indicate if this application is for:

Original placement on List **OR**

Renewal of placement on List

2. Full Name _____
FIRST MIDDLE LAST

3. Home Address _____

4. E-mail Address _____

5. Phone Number _____ Work Cell Home

6. Do you operate a garage within the City of Utica? Yes No

7. Address of Garage _____

8. Name of Business (D.B.A.) _____

8. Does the applicant maintain twenty-four (24) hour service to respond to emergency calls regarding the towing of motor vehicles? Yes No

9. Vehicle proposed to be operated by applicant:

A. 1. _____
MAKE, MODEL, & YEAR VIN REGISTRATION # PLATE #

Additional vehicles proposed for operation under this license:

2. _____
MAKE, MODEL, & YEAR VIN REGISTRATION # PLATE #

3. _____
MAKE, MODEL, & YEAR VIN REGISTRATION # PLATE #

4. _____
MAKE, MODEL, & YEAR VIN REGISTRATION # PLATE #

5. _____
MAKE, MODEL, & YEAR VIN REGISTRATION # PLATE #

B. Amount of Bodily Injury: \$ _____

C. Amount of Property Damage: \$ _____

D. Name of Insurance Carrier _____

E. Insurance Policy Number _____

PLEASE ENCLOSE: COPY OF INSURANCE IDENTIFICATION CARDS FOR ALL VEHICLES AND COPY OF REGISTRATION FOR ALL VEHICLES AND COPY OF NYS DRIVER'S LICENSE FOR ALL OPERATORS (MUST HAVE "W" ENDORSEMENT) AND COPY OF CURRENT GARAGE LIABILITY INSURANCE POLICY

10. Does the applicant understand the provisions in Ordinance 175 of 2020, AMENDING CHAPTER 2-28 OF THE CITY CODE REGARDING TOWING AND WRECKERS?

Yes No

11. If placed on the Accident/Tow-Away Rotation List, will the applicant abide by the provisions of Ordinance 175 of 2020, AMENDING CHAPTER 2-28 OF THE CITY CODE REGARDING TOWING AND WRECKERS?

Yes No

12. If placed on the Accident/Tow-Away Rotation List, will the applicant respond to all calls from the Utica Police Department within twenty-five (25) minutes?

Yes No

13. Please list the phone number to be contacted if applicant receives a call during off-business hours

14. Applicant's Signature _____

15. Date of Application ____ / ____ / ____

Please note the following:

- Placement on the Accident/Tow-Away Rotation List hereunder **SHALL NOT BE TRANSFERABLE**
- The maximum price that can be charge for towing motor vehicles within the City of Utica is **\$ 175.00**