Municipal Building 59 South White Horse Pike Berlin, New Jersey 08009



THERESA STAGLIANO, Tax Assessor LISA EGGERT, CTC, Tax Collector

CHARLEEN SANTORA, RMC Municipal Clerk/Administrator Phone: (856) 767-7777x 302 Fax: (856) 753-9122

BOROUGH OF BERLIN APPLICATION FOR TOWING OPERATOR

| 1. I | NAME: | |
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| 1 | ADDRESS: | |
| A.) | If corporation, list names and addresses of officers/directors | |
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| В.) | If partnership, list names and addresses of all partners | |
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| 2.] | List year, make, model, serial number and registration number of each tow vehicle | • |
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| 3. | Base of service for each tow vehicle | |
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| 8. Certification that fees charged will not exceed those set forth in Borough towing ordinance | 5. Attach a diagram as to the exact location of the tow or storage destination showing the secured area 5. Name the place, phone number and location where applicant will maintain an office 7. Provide a brief statement certifying that the applicant has sufficient personnel and equipment to provide 24 hour towing service and will comply with all terms of the boroug towing ordinance 8. Certification that fees charged will not exceed those set forth in Borough towing ordinance 9. Name and address of insurance company, and policy number. Provide limits of coverage required by towing ordinance along with certification naming Borough of Berlin as an | | |
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| O. Certification that the applicant will with the Borough of Berlin | execute an indemnification and note har intess agreen |
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| 1. Provide a listing of applicant's prior other municipalities served | r towing experience, number of years in business and |
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| | this application is true and correct. Should any d my application shall be automatically rejected. |
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PLEASE REFER TO THE TOWING ORDINANCE FOR ALL REQUIREMENTS