



TOW SERVICE ROTATION AGREEMENT
CITY OF RAYMORE, MO
 100 MUNICIPAL CIRCLE
 RAYMORE, MO 64083
 816-331-0530

(Please Print)	
APPLICANT INFORMATION	
Company Name	Date
Physical Street Address of Business	City, State, Zip
<u>Mailing Address</u> , if Different from Above	City, State, Zip
Tow Lot Address (must be in MO and within 15 miles of Raymore)	City, State, Zip
Primary Phone Number	Alternate Phone Number
Owner Name	
Email Address	
AGREEMENT REQUIREMENTS	
<p>I am authorized by the Company to sign on its behalf and agree to abide by all of the specifications detailed in the City of Raymore Tow Service Rotation Procedure.</p> <p>I also understand that to remain active in the Tow Rotation, I must have a:</p> <ul style="list-style-type: none"> ● Current City of Raymore Occupational License ● Tow Permit Application On File for All Employees Who May Tow in the City of Raymore 	
Signature of Principal Officer	Date
ADMINISTRATIVE USE ONLY	
Date Received	Application #
Reviewer's Signature	Date
Circle One <div style="display: flex; justify-content: space-around; width: 100%;"> Approved Denied </div>	Reason for Denial