ILLINOIS MISSIPPOLICE	ILLINOIS COMMERCE COMM SAFETY TOWING COMPL		CE
Send To:	Illinois Commerce Commission Police 9511 W. Harrison Street Des Plaines, IL 60016 (847) 294-4326	File NoOffice u	
YOU MU	ST SUBMIT CLEAR COPIES OF THE COMMERCIAL SAFETY TOW	ING DISCLOSURE FORM AN	ND FINAL INVOICE
Complainan	t Information		
Name:			
Address:		City:	
State:	Zip Code:	Phone:	4.00
Name of To	wing Company	(9:00	am - 4:00 pm)
Nature of C	omplaint		
T.	, the undersigned complainant, do	hereby report and complair	n of illegal
	nst the above Towing Company on the basis of the following fac		
Date of Tow:	Address/Location of Tow:		
Provide a brief	summary of the alleged illegal practices:		
Complaina	Int Signature:	Date:	
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