



# GEORGIA DEPARTMENT OF PUBLIC SAFETY



## Request for Reimbursement of Wrecker Fee

### TO BE COMPLETED BY VEHICLE OWNER

NAME \_\_\_\_\_ DATE FEE WAS INCURRED \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ VEHICLE MODEL \_\_\_\_\_

TAG NUMBER \_\_\_\_\_ REGISTRATION STATE \_\_\_\_\_

REASON FOR WRECKER \_\_\_\_\_  
\_\_\_\_\_

NAME OF WRECKER COMPANY \_\_\_\_\_ HAS FEE BEEN PAID? \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_ PAYMENT METHOD \_\_\_\_\_

ADDRESS/LOCATION FROM WHERE VEHICLE WAS TOWED \_\_\_\_\_  
\_\_\_\_\_

WAS THE VEHICLE INVOLVED IN A CRASH? \_\_\_\_\_ IF SO, WHAT IS THE REPORT NUMBER? \_\_\_\_\_

IF ANOTHER PARTY WAS INVOLVED IN THE CRASH, ENTER THEIR NAME \_\_\_\_\_  
\_\_\_\_\_

HAS AN INSURANCE CLAIM BEEN FILED? \_\_\_\_\_ INS. COMPANY \_\_\_\_\_

This form must be submitted with copies of the following:

1. Driver's license of vehicle owner and vehicle driver;
2. Proof of ownership (registration);
3. Proof of current insurance;
4. Billing statement or invoice from wrecker; and
5. Proof of payment.

Submit completed form by mail to: Georgia Department of Public Safety  
Attention: Christina Calloway  
Legal Services  
P.O. Box 1456  
Atlanta, GA 30371

Or email to: [calloway@gsp.net](mailto:calloway@gsp.net)  
Or facsimile: (404) 624 7788  
Questions: (404) 624 7423

Vehicle Owner Signature \_\_\_\_\_ Date \_\_\_\_\_