



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?	_____
ADDRESS/LOCATION FROM WHERE VEHICLE WAS TOWED	_____		
AMOUNT PAID	_____	PAYMENT METHOD	_____
WAS THE VEHICLE INVOLVED IN A CRASH?	_____	IF SO, WHAT IS THE CRASH NUMBER?	_____
IF ANOTHER PARTY WAS INVOLVED, ENTER THEIR NAME	_____		
HAS AN INSURANCE CLAIM BEEN FILED?	_____	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: ccalloway@gsp.net
Or facsimile: (404) 624 7788
Questions: (404) 624 7423

Vehicle Owner Signature _____ Date _____