



## TOW HEARING REQUEST FORM



**Only the owner or a person with a documented financial interest in the vehicle may use this form.**

All information for each relevant section is required. This form may be emailed, faxed (include both sides), or mailed to the Hearings Office at the contact information provided above. Incomplete or missing information may cause your request for hearing to be denied. Each completed section must be signed.

It is the appellant's responsibility to timely inquire about the date and time of the scheduled hearing.

In compliance with Civil Rights laws, it is the policy of the City of Portland that no person shall be excluded from participation in, denied the benefits of, or be subjected to discrimination in any City program, service, or activity on the grounds of race, color, national origin, or disability. To help ensure equal access to City programs, services, and activities, the City of Portland reasonably provides: translation and interpretation services, modifications, accommodations, auxiliary aides and services, and alternative format. For these services, complaints, and additional information, contact 503-823-7307, use City TTY 503-823-6868, or use Oregon Relay Service: 711.

### SECTION A – TOW HEARING REQUEST

**All requests for hearing must complete Section A.**

1. Are you the vehicle owner? Yes  No  (If "No," documented financial proof of an interest in the vehicle is **required to be submitted** with this form.)
2. Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Unit/Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Daytime Telephone Number (with area code): \_\_\_\_\_  
Email: \_\_\_\_\_ The Hearings Office will contact you by email unless you fill out and submit an Appellant Opt Out of Email Communications form.
3. Is the vehicle still in storage with the tow company? Yes  No
4. Vehicle Make: \_\_\_\_\_ Model or Style: \_\_\_\_\_  
State of Registration: \_\_\_\_\_ License Plate No. or VIN: \_\_\_\_\_
5. Date of Tow: \_\_\_\_\_ Location vehicle was towed from: \_\_\_\_\_

THIS FORM HAS THREE SECTIONS. COMPLETE ALL SECTIONS. INCLUDING SECTION C IF APPLICABLE.

To view Title 16 or the Tow Hearings Officer's Rules, please see [www.portland.gov/omf/hearings](http://www.portland.gov/omf/hearings)

**SECTION A – Continued**

6. State the reason(s) you believe this tow is invalid or for any other reason unjustified. (Attach additional sheets, if necessary):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**SECTION B – LATE HEARING REQUEST**

Only requests that are late (received more than 10 calendar days from the date of the vehicle tow) must fill out Section B, in addition to Section A.

1. Why is your request late? (Attach additional sheets, if necessary.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**SECTION C – OWNER AUTHORIZATION FOR REPRESENTATION INFORMATION**

**Only vehicle owners wishing to have someone else represent them at the hearing must fill out and sign Section C, in addition to Section A.**

1. I authorize \_\_\_\_\_ (printed name) to represent me at my tow hearing.

2. Representative's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Unit/Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone Number (with area code): \_\_\_\_\_

Email: \_\_\_\_\_ The Hearings Office will contact you by email unless you fill out and submit an Appellant Opt Out of Email Communications form.

**By signing Section C of this form, I (THE VEHICLE OWNER) acknowledge that I am authorizing the person named above to represent me at my tow hearing. It is the vehicle owner's responsibility to notify their authorized representative of the hearing date, time, and location.**

Vehicle Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_