



## HOBOKEN DEPARTMENT OF TRANSPORTATION & PARKING

94 Washington Street | Hoboken | New Jersey | 07030 | 201.653.1919 | www.hobokennj.org

### TOW/BOOT Reimbursement Form

Requested Action \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Please attach any and all documents you wish to be reviewed. You may be contacted for additional information so please complete all of above information. The request **WILL NOT** be considered unless an original court record of dismissal is attached.

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Use back of paper if additional space is required

-----OFFICE USE ONLY-----

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Assigned to \_\_\_\_\_ Date \_\_\_\_\_

Reviewers Comments \_\_\_\_\_

Reimbursement Request Response \_\_\_\_\_ By \_\_\_\_\_

\_\_\_\_\_

Attached any additional documents