



**DEPARTMENT OF TRANSPORTATION & PARKING**  
94 Washington Street | Hoboken | New Jersey | 07030 | 201.653.1919 | [dispatch@hobokennj.gov](mailto:dispatch@hobokennj.gov)

## **TOW Reimbursement Form**

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

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

Address: \_\_\_\_\_

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

Ph: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

Comments: \_\_\_\_\_

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