



Code Administration

12 SE 1st Street
Gainesville, FL 32601
(353) 374-5238
codes@alachuacounty.us

Towing Disputes Form

Date of Towing Incident: _____

Time of Towing Incident: _____

Location address the vehicle was towed from: _____

Last Name: _____

First Name: _____

Address: _____

Phone number: _____

Towing Company Name: _____

Address: _____

Phone number: _____

Reason disputing **towing rate** charged:

Please include a copy of your receipt for the amount paid to the towing company with form.
Send to codes@alachuacounty.us. Allow **72 hours** for a response to your dispute.