



SOUTH PADRE ISLAND POLICE DEPT. WRECKER APPLICATION

NAME OF COMPANY: _____ EMAIL: _____

OWNER(S): 1 _____ 2 _____

MAILING ADDRESS _____
CITY ST ZIP CODE

OFFICE PHYSICAL ADDRESS: _____
CITY ST ZIP CODE

PHONE NUMBER(S): 1 _____ 2 _____

STORAGE INSURANCE: _____

STORAGE ADDRESS :
1 _____
ADDRESS CITY ST ZIP CODE TDLR #

2 _____
ADDRESS CITY ST ZIP CODE TDLR #

3 _____
ADDRESS CITY ST ZIP CODE TDLR#

VEHICLE INSURANCE: _____
POLICY # EXPIRATION

LIST OF VEHICLE(S):

SPI PERMIT #	YEAR & MAKE	VIN	TDLR #	LIC. PLATE	REG. EXP.
1					
2					
3					
4					

NUMBER OF CURRENT OPERATORS (attach copies of TDL & TDLR #): _____

ON ROTATION: _____ NOT ON ROTATION: _____ STATEMENT PROVIDED? _____

APPLICANT'S SIGNATURE: _____ DATE _____

CHIEF OF POLICE SIGNATURE _____ DATE _____

SPI-PD Wrecker Application 03/2018 (revised 12/27/19)

Please email to Rocha@myspi.org or bring copy to
South Padre Island Police Department 4601 Padre Blvd.