

City of Bellaire Emergency Wrecker License Replacement Request

Name (Last, First, Middle): _____

Date of Birth: _____ Bellaire Wrecker License #: _____

Address: (Include City & Zip Code): _____

Home Phone #: _____ Work Phone #: _____

Cell #: _____

Reason for replacement:

Lost Stolen Destroyed Corrections Other

Explanation: _____

(If a police report was made, include the name of the police agency name and the case number)

Return this form to the Communications Office. If you have any questions call (713) 662-2521.

*****ONLY 1 REPLACEMENT LICENSE WILL BE ISSUED AT NOT CHARGE*****