

# **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 NO CHARGE\*\*\***