David T. Bowles Lien Sales P.O. Box 938 Calimesa, CA 92320
Office: (909) 797-8756 Fax: (909) 797-9520
liensales@dtbowlesliensales.com

Date_____ LS_____ RS_____ Code_____

Your (company) Name_____ Invoice#_____
Address_____ BAR #_____
_____ (Req'd for All Repair Shops)
Phone _____Fax_____
Contact Person_____

Value: ☐ Under $4,000 ☐ Under $500 ☐ Over $4,000 ☐ Boat/Jet Ski Only ☐ Boat/Jet Ski & Tlr

Condition of Vehicle: Totaled ☐ Burnt ☐Stripped ☐Vandalized ☐

Poor Condition (Why) _____

Vin #_____

Eng#_____

Year_____ Make_____ Model _____Color_____

License_____ State_____ Expiration_____

Possession/Tow Date_____ Tow$_____ Rate/Day $_____

Evidence Release Date(If it applies)_____

Repairs$_____ Date completed_____ Billing Date_____

Complete If There Is A 180 Form: Choose One PD _____ Other_____

The Storage Authority Is (On 180 form): **22651**_____ **14602.6** ☐ **22669** ☐ **22655.5** ☐

If No 180 Choose One PD_____ Other_____

R/O Name _____L/O Name _____
Address _____ Address _____
_____ _____

IF NAMES ARE ON THE 180 FORM YOU MUST PROVIDE THEM
Please Give us any additional info you have regarding this vehicle

_____

_____

**********Below for our use only**********

S/D_____ M/D_____ 60 ☐ 120 ☐ 15 ☐ NOF ☐ MEX ☐ L/O ☐ R/O ☐

STD_____STORAGE_____/_____ TOTAL_____

PUBLISH DATE_____ PAPER_____ $$ A_____ G_____ W_____