



REQUEST FOR INSPECTION OF TAXI VEHICLE

TAXI COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

CONTACT: _____

DESCRIPTION OF VEHICLE (S)

Vehicle #1

Year _____ Make _____ Model _____ Taxi # _____

VIN _____ Licence Plate _____

Vehicle #2

Year _____ Make _____ Model _____ Taxi # _____

VIN _____ Licence Plate _____

Vehicle #3

Year _____ Make _____ Model _____ Taxi # _____

VIN _____ Licence Plate _____

I understand that there is a **\$50.00** fee for each vehicle to be inspected and there will no refunds. Fees may be paid by company cheque, debit card, or cash.

Signature of Company Owner

Date

For Police Service Use Only

Information Services:

Fee received: Cash _____ Company Cheque _____ Debit _____

Vehicle currently licensed as taxi: Yes: _____ No: _____

If so, length of time licensed: _____

Traffic Services:

Vehicle #1

Date of Inspection: _____

Recommended for licensing: Yes: _____ No: _____

Taxi Company Notified of Results Yes: _____ No: _____

Vehicle # 2

Date of Inspection: _____

Recommended for licensing: Yes: _____ No: _____

Taxi Company Notified of Results Yes: _____ No: _____

Vehicle # 3

Date of Inspection: _____

Recommended for licensing: Yes: _____ No: _____

Taxi Company Notified of Results Yes: _____ No: _____

Officer's Signature and Badge Number: _____

Date: _____

Return this completed form to Information Services.