CITY OF UNALASKA P.O. BOX 610 UNALASKA, ALASKA 99685 (907) 581-1251

APPLICATION FOR TAXICAB VEHICLE REPLACEMENT

Permit No.:		
Applicant/Taxi Company I	Name:	
Mailing Address:		
Phone No.:		
	Previously Used Vehicle	
Year: Make:	Model: Color:	
Alaska License No.:	Serial No.:	
	Replacement Vehicle	
Year: Make:	Model: Color:	
Alaska License No.:	Serial No.:	
List information on all owners and persons with financial interest on the vehicle.		
Name: Ma	ailing Address: Phone No:	
V-14-		
*	100 100 100 100 100 100 100 100 100 100	
Date		
	Permit Owner Signature	
	City Clerk's Office Use Only	
Insurance Attached: Ye		
Meter Inspection: Ye Vehicle Inspection: Ye	es 🔲 No 🛄	
Temore maperetion.	.s	
Date	City Clerk	