

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

APPLICATION FOR VOLUNTARY SUSPENSION  
TAXICAB PERMIT

TAXI PERMIT NO. \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

LENGTH OF SUSPENSION REQUESTED: 30 DAYS ☐ 60 DAYS ☐ 90 DAYS ☐

REASON FOR VOLUNTARY SUSPENSION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERMIT OWNER

\_\_\_\_\_  
DATE:

**DEPARTMENT OF PUBLIC SAFETY USE ONLY**

Number of prior  
voluntary suspensions  
this calendar year:

APPROVE: ☐ DENY: ☐

REASON FOR DENIAL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date:

End Date:

\_\_\_\_\_  
DEPT. OF PUBLIC SAFETY

Applicant may appeal decision per UCO  
9.12.130