



TAXICAB VEHICLE REPLACEMENT APPLICATION

Bylaw Services (905) 619-2529 ext. 3370

Bylawservices@ajax.ca

To be completed by the Applicant- Fill in all information and please print neatly	
Date of Application:	Corporation Name OR Number:

Information about the taxi that Taxi licence plate Number _____ was removed from

Was the taxi an accessible taxi ?	Ontario Licence Plate Number	VIN
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Information about the replacement taxi

Is the replacement taxi an accessible taxi ?	Ontario Licence Plate Number	VIN
<input type="checkbox"/> Yes <input type="checkbox"/> No		

I solemnly declare that to the best of my knowledge, the above information on and included with this application is true and complete in all respects.

Signature of Applicant

Personal information contained on this form is collected under the authority of the Municipal Act, and will be used for the purpose of making a determination of the application and maintaining a business record upon acceptance. Questions about this collection should be directed to the Records & Freedom of Information Coordinator at 65 Harwood Avenue South, Ajax, Ontario, L1S 2H9, (905) 619-2529 ext. 3343

This form is available in alternate formats, upon request, by contacting 905-619-2529 ext. 3347, or email accessibility@ajax.ca

Office Use Only

Required Documents

- Insurance Certificate
 Vehicle Ownership
 Safety Certificate

<u>By-law Approval</u>	Date:
Print Name:	Signature:
<input type="checkbox"/> Fee Paid: \$ _____ (as per Fees and Charges By-law)	
<input type="checkbox"/> Meter Checked and Sealed	