SCOTT MESSER Director

OLD DESIGN



NEW DESIGN

TAXICAB IDENTIFICATION CHANGE REQUEST

Company Name	Company Name
Vehicle Color(s)	Vehicle Color(s)
Lettering Color(s)	Lettering Color(s)
Dispatch Service	Dispatch Service
Dispatch Phone #	Dispatch Phone #
I,, owner of Taxicab #, am requesting permission from the License Section to use the trade name, design, color scheme, and lettering for identification of the above designated vehicle. I understand that no additional identification changes may be made without permission from the License Section.	
Certain information in this statement is subject to disclosure as a matter of public record. Any false statement made or given in this statement shall result in denial or future revocation of this permit Chapter 2321.13 (A-3) (A-5)	
STATE OF OHIO, COUNTY OF FRANKLIN:	
	ly sworn, deposes and says he/she is the individual
	s knowledgeable with respect to that which is to be
(Owner Name - Print) agreeing to the foregoing statement; that he or she is licensed; that the statements contained herein are true	s knowledgeable with respect to that which is to be
(Owner Name - Print) agreeing to the foregoing statement; that he or she is licensed; that the statements contained herein are true	s knowledgeable with respect to that which is to be ue of his or her own knowledge and belief.

