



Taxi Permit Appeal Form

Date:			
Type of Permit: <input type="checkbox"/> Company <input type="checkbox"/> Driver <input type="checkbox"/> Vehicle			
Appellant Information	Name:		
	Street Address:		
	City:	State:	Zip Code:
	Phone Number:		
	E-mail Address:		
	Taxicab Company:		
Specific MCTRP action you are appealing:			
Grounds for Appeal (use additional sheets if needed; attach photos or other documentation):			
Action you would like MCTRP to take:			
Signature of Appellant:			

Please submit to: **Marin County Taxi Regulation Program** or **E-mail to: bbrown@marinjpas.org**
555 Northgate Drive, Suite 102
San Rafael, CA 94903