

Proposed FLEET MANAGEMENT PERMITTEE INFORMATION:

FLEET MANAGEMENT CO. NAME:	
FLEET MANAGER :	
Address:	
City/Zip	Phone:
Email:	

List the vehicle permit numbers currently held by applicant, if known.

Signature of applicant or officer authorized to sign for applicant:	

Name printed	Signature
Date: _____	
<p>NOTE: By signing above, I acknowledge my understanding that the City's receipt and processing of information on this form does not constitute or guarantee issuance or renewal of a Taxi Vehicle Permit. Compliance with all other relevant requirements of Oakland Municipal Code Chapter 5.64 is required before issuance or renewal of a Taxi Vehicle Permit.</p>	

CITY USE ONLY: DATE RECEIVED:	TIME RECEIVED:
<input type="checkbox"/> Applicant Information <input type="checkbox"/> Supporting Documents <input type="checkbox"/> Fleet Manager Information	
By: _____	