

## **CITY OF UTQIAGVIK**

Date Received:

"Farthest North Incorporated City"

Received by:

## **Taxicab Complaint Form**

Complaint Information:			
Name:		Phone:	
Taxicab Information:			
Company:		Vehicle # (if known):	
Taxi Driver Name:			
Origin:		Destination:	
Date of Trip:	Time:	# of passengers:	Fare \$:
		ible. List any witnesses, if any.	
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