

WAV DISPATCHER DATA

ALL WAV DISPATCHERS MUST PROVIDE THE FOLLOWING INFORMATION

Additional sheets may be used if necessary

Each request to the Dispatcher for a WAV taxicab and the Dispatcher's response to that request. Please include as much supporting information as possible including the date, location, etc.:

Each occasion of WAV taxicab service to a person in a wheelchair by a taxicab in the Dispatcher's association, including the date of the service, the amount of the fare paid and the manner in which the taxicab service was initiated:

The name and WAV taxicab driver certificate number for each driver that has accepted or declined a dispatch for service to a person in a wheelchair:

VERIFICATION

I, _____, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Signature

Title/Position

Date