



**THE PHILADELPHIA PARKING AUTHORITY**  
**Taxicab and Limousine Division**  
2415 South Swanson Street  
Philadelphia PA 19148  
Phone: 215-683-9895  
Email: [TLAdmin@philapark.org](mailto:TLAdmin@philapark.org)

## **Dispatcher Assessment Form 2017**

**Check this box if you are changing any information such as the company's address, phone, email address.** Please note that you must have proper authorization from the certificate holder to change any contact information (i.e. you must be a shareholder, member, officer, key employee or authorization through a POA).

**COMPANY NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY & ZIP** \_\_\_\_\_

**TELEPHONE NO.** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**Annual Dispatcher Assessment for 2017 is: \$3,980.00**

**Current number of medallions in membership:** \_\_\_\_\_

*If applicable:*

**Number of Approved wheelchair-accessible vehicles in dispatch:** \_\_\_\_\_

**Identify the P-number of each wheelchair accessible vehicle you dispatch:** \_\_\_\_\_

\_\_\_\_\_

**Who is paying this assessment:** \_\_\_\_\_

Print name

Identify the above:

Shareholder/Officer/Member/Key Employee/POA

Driver H- \_\_\_\_\_