



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

Taxicab 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 power of attorney).

COMPANY NAME _____

MAILING ADDRESS _____

CITY & ZIP _____

TELEPHONE NO. _____ **EMAIL** _____

Annual Taxicab Assessment for 2017 is 1.00% of annual gross operating revenue collected through fares, excluding tips and tolls.

Check the payments that is being paid:

1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
7/01/16-9/30/16 10/01/16- 12/31/16 01/01/17-3/31/17 4/01/17- 6/30/17

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Number of Medallions: _____ **Total Assessment Fee Paid \$** _____

Who is paying this assessment: _____

Print name

Identify the above person:

Shareholder/Officer/Member/Key Employee/POA

Driver H- _____