

Driver Termination Form

Date: _____

To Permit Services:

Please note that:
(Driver's name) _____

Employment has been terminated effective: _____

Taxicab **Tow car** **Food Vendor**

Company/Association Name: _____

Permit Number: _____

Owner/Manager **Date**



Permit Attached Date Received _____

Reason permit not returned: _____

CSR

Date