

City of Sacramento
Code Enforcement Department
**TAXI DRIVER PERMIT DENIAL
APPEAL FORM**

Please print and include the Appeal Fee of \$400.00 with this form. Incomplete form will be returned to you.
If you need additional pages, please attach to form.

Appeal of the decision to deny/suspend/revoke taxi driver permit by:

Name(s) of applicant and/or name(s) appearing on license:

Address of applicant and/or appearing on license:

1. Brief statement of the specific action protested.

2. Material facts supporting the appeal.

3. Brief statement of the relief sought.

4. Reasons why the protested action should be reversed or set aside.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this _____ day of _____, 2007 at _____, California.

Signature: _____ Printed Name: _____

Title/Relation to Licensee _____ Daytime telephone #: _____

Mailing Address: _____

Return this **completed** form to the:
City of Sacramento
Code Enforcement Department
Attn: Taxi Permit Appeal
915 I St. MC4654
Sacramento, CA 95814