

Philadelphia Parking Authority
Taxicab & Limousine Division
2415 South Swanson Street
Philadelphia, PA 19148
(215) 683-9400
tld@philapark.org



PPA ONLY: DATE RECEIVED

Dispatcher Rate Schedule

Company Name _____ CPC No. _____ - 03

Mailing Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Office Phone Number _____

Email Address _____

Number of Affiliated Taxicabs: _____

Current Rates: \$ _____

Circle One: Monthly Bi-Weekly Weekly

New Rates: \$ _____

Circle One: Monthly Bi-Weekly Weekly

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

FOR PPA USE ONLY

EFFECTIVE DATE: _____ (must be at least 30-days from the date of filing)

Approved: _____ Date: _____