

Philadelphia Parking Authority Taxicab & Limousine Division

IN RE:		
-	(Name & Type of Petition)	

Docket No. ____-__-____

Filed with Clerk On: (For Use by Office of the Clerk)

MOTION FOR CONTINUANCE

REQUESTING PARTY	CPC No. or DRC No. (if applicable)				
Address		City, State & Zip Code			
Telephone Number	Email Address				
Attorney for Requesting Party (if applicable)		Attorney ID No.			
Office Address		City, State & Zip Code			
Attorney's Telephone Number Attorney's Email Ac		ess			
Date & Time of Hearing		O Check if Petitioner is currently EXPIRED			
Reason for Continuance Request (Attach all necessary documentation)					

VERIFICATION

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

Date

<u>ORDER</u>

O Continuance Granted.

Continued Date & Time	Location	
	2415 South Swanson Street	
	Philadelphia, PA 19148	

O Continuance Denied.

Date: _____

Presiding Officer Hon._____