



CITY OF HOBOKEN



DIVISION OF TAXI & LIMOUSINE LICENSING

201-216-1090

TAXI OR LIMOUSINE DRIVER COMPLAINT FORM

COMPLAINANT INFORMATION

NAME: _____

ADDRESS: _____

TEL. #: _____

E-MAIL: _____

(PLEASE CHECK ONE)

YELLOW TAXI _____ LIVERY/LIMOUSINE _____

CAR NUMBER (ON DOORS): _____ LICENSE NUMBER (IF KNOWN): _____

DRIVER'S NAME (IF KNOWN): _____

DESCRIPTION OF DRIVER: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

NARRATIVE OF COMPLAINT:

NAME AND ADDRESS OF WITNESSES (IF ANY):

Provide dates and times of availability you are able to attend a hearing (Monday through Friday; day or evening):

CERTIFICATION: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Complainant's Signature: _____

City of Hoboken
Division of Taxi & Limousine
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