CITY OF UNALASKA
P.O. BOX 610
UNALASKA, ALASKA 99685
(907)581-1251

APPLICATION FOR VOLUNTARY SUSPENSION
TAXICAB PERMIT

TAXI PERMIT NO. _____

OWNER(S) NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____

LENGTH OF SUSPENSION REQUESTED: 30 DAYS ☐ 60 DAYS ☐

90 DAYS ☐ ____ DAYS ☐

REASON FOR VOLUNTARY SUSPENSION:

_____

_____

DEPARTMENT OF POLICE USE ONLY

Number of prior voluntary suspensions this calendar year: ☐

Start Date: _____

End Date: _____

APPROVE: ☐ DENY: ☐

REASON FOR DENIAL:

_____

_____

_____
DEPARTMENT OF POLICE

Applicant may appeal decision per UCO 9.12.130