

SCHEDULE D



Request for License Transfer to New Vehicle
Town of Fort Frances
320 Portage Avenue
Fort Frances, ON P9A 3P9
Phone: (807) 274-5323 Fax: (807) 274-8479

I _____ registered owner of Taxicab Unit # _____ do hereby apply for the transfer of my Taxicab Vehicle License from:

Unit#: _____
Year: _____
Make: _____
Model: _____
Colour: _____
Odometer Reading: _____
Serial Number: _____
License Plate: _____
Plate Sticker: _____

To Vehicle:

Unit#: _____
Year: _____
Make: _____
Model: _____
Colour: _____
Odometer Reading: _____
Serial Number: _____
License Plate: _____
Plate Sticker: _____
MTO Vehicle Inspection Report: ATTACHED

Signature of Owner

Date

I _____, By-Law Enforcement Officer, do hereby authorize the above requested transfer.

Signature of By-Law Enforcement Officer

Date

Signature of Municipal Clerk

Date