

**CITY OF SISTERS  
TAXI PERMIT  
VALID - July 1, 2008-June 30, 2009  
IDENTIFICATION CARD**

NAME \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

HAIR COLOR \_\_\_\_\_ EYES \_\_\_\_\_

(Filled in by applicant)

\_\_\_\_\_  
City Administrator

