



**THE CORPORATION OF THE TOWN OF COBOURG
TAXICAB COMPLAINT FORM**

Name of Person Making Complaint

Address

Phone

Email

Date, Time & Details of Fare:

Reference: Name of Taxi Company

Driver

Nature of Complaint:

*Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 c. M56, as amended, Inquiries about the collection of personal information should be directed to the Municipal Clerk.

Signature of Person Completing Complaint Form

Please complete and submit to:
*The Corporation of the Town of Cobourg
Legislative Services Department
55 King Street West, Cobourg ON K9A 2M2
Phone: 905-372-4301 Fax: 905-372-7558*

Office Use

Received by:

Action:

Follow Up:

Response Provided:

Date: