



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

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**Name of Person Giving Compliment**

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**Address**

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**Phone**

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**Email**

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**Date, Time & Details of Fare:**

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**Reference: Name of Taxi Company**

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**Driver**

**Nature of Compliment:**


\*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.

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**Signature of Person Completing Compliment 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*

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**Office Use**

**Received by:**

**Action:**

**Follow Up:**

**Response Provided:**

**Date:**