

CITY OF AUSTIN PUBLIC WORKS DEPARTMENT

REPORT OF **NEW/REPLACEMENT** EQUIPMENT

(circle one)

			oany Name							
І Ту	pe of Operati		: Limousine_ Non-Motorized				Shuttle			
**Note	A. If the permi B. Copie owner 1. 2. 3.	addition of the ssion to increase of applicable d, leased, or Certificate Lease/rent Other control	ease your author le document(s) under contract	eeds the nubrity. I to verify by/to the hariate,	umber appro that each ve older:	oved for your o	perating authority, a letter requesting to be operating by the holder is			
II. "N/A".	_		A through C be hicle placed int		ot leave an	y blanks . If a	section does not apply, indicate			
	Vehicle #	Permit #	License #	Year	Make	Model	Passenger Capacity			
	VIN#			Color						
	Expiration date (month and year) of State motor vehicle safety inspection									
	B. Description of vehicle removed from service:									
	Vehicle #	Permit #	License #	Year	Make	Model	Passenger Capacity			
	VIN#									
			nined in this rep dards described				that this vehicle meets and will be Code.			
Signatu	re of Compar	ny Agent		-						