



VILLAGE OF MAYWOOD  
COMMUNITY DEVELOPMENT DEPARTMENT  
TAXICAB INSPECTION REPORT

_____ Name of Company	_____ Driver's Name
_____ Cab Make/Model	_____ Home Address
_____ VIN #	_____ Driver's Lic #
_____ State Plate #	_____ Driver's ID# (Maywood)
_____ Village Lic #	_____ SSN
_____ Cab #	_____ Driver's DOB
_____ Owner's Name	_____ Owner's Phone

Taximeter Number: _____ Sealed?    Yes    No
1/5 mi. _____ 2/5 mi. _____ 3/5 mi. _____ 4/5 mi. _____ 1 mi. _____
Meter Light: Yes ___ No ___      Waiting Time Check: _____¢/ 30 seconds

<b><u>CONDITION OF CAB:</u></b>
<b>I. <u>Authorized Safety Check:</u></b> (1 per year) Safety Lane: _____ Other (designate): _____ Date: _____ Inspector Name/Number: _____
<b>II. <u>Department Check of Safety Equipment:</u></b> Horn: _____ Turn Signals: _____ Brake Lights: _____ Back Up Lights: _____ Head Lights: _____ Running Lights: _____ Special Comments: _____ _____
<b>III. <u>Interior:</u></b> General Condition of Interior:    Poor ___    Fair ___    Good ___ Cleanliness:                      Poor ___    Fair ___    Good ___ Seat Belts:    Yes ___    No ___                      Headrest:        Yes ___ No ___ Special Deficiencies: _____ _____
<b>IV. <u>Exterior:</u></b> General Condition of Exterior:    Poor ___    Fair ___    Good ___ Cleanliness:                      Poor ___    Fair ___    Good ___ Paint:                                Poor ___    Fair ___    Good ___ Body Damage:    Yes ___ No ___                      Glass Damage:    Yes ___ No ___ Special Deficiencies: _____ _____

Approved Date: _____ Disapproved Date: _____ Fee (\$125/year) Paid: _____
If Disapproved, state reason: _____
Inspector: _____ Date: _____