

Quarterly Dispatch Records Reports

Certified Taxicab Affiliations are required to report dispatch information for taxicabs affiliated with them during the previous quarter.

This information must be submitted in an excel template available on the City Clerk License Division Website.

Report Due Dates

Quarter 1	(January 1 – March 31)	due April 30
Quarter 2	(April 1 – June 30)	due July 30
Quarter 3	(July 1 – September 30)	due October 30
Quarter 4	(October 1 – December 31)	due January 30

Failure to submit the reports in a timely manner or submittal of incomplete reports will result in an assessment of a late fee and may result in suspension, non-renewal or revocation of the certification.

Information Required

For Each Ride

Field	Format
Date Requested	00/00/0000
Time of Request (Hail/Call/App)	00:00 Military Time
Vehicle Requested	Van, Hybrid, Wheelchair Accessible
Date of Ride	00/00/0000
Time of Pick Up	00:00 Military Time
Wait Time	00:00
Driver Name	Last, First, MI
Driver's PPV License #	0000000000
Vehicle Permit #	0000
Zip Code of Pick Up Location	00000
Pick Up – Airport, Intermodal, Hotel	Airport or Intermodal or Hotel
Shared Ride	Y or N
Distance in Miles	0.000
Number of Passengers	0
Date of Drop Off	00/00/0000
Time of Drop Off	00:00 Military Time
Zip Code of Drop Off Location	00000
Drop Off – Airport/Intermodal/Hotel	Airport/Intermodal or Hotel
Fare	\$000.00
Fees	\$00.00
Tips	\$00.00

Manner of Payment	Cash/Credit/Debit
Total Amount of Payment	\$000.00
Subsidized Ride	Y or N
Complaint	Y or N
Type of Complaint	Response Time, Payment Dispute, Driver Behavior, Condition of Vehicle, Traffic Stop, Accident, Lost Article

Driver Information

Field	Format
Name	Last, First, MI
Driver's PPV License #	00000000
Owner/Operator	Owner/Operator
Total Number of Trips	00
Total Number of Trips Rejected	00
Complaints Resolution	Date, Time, Topic,
Avg Hours Worked Per Day For those days worked	00.00

Vehicle

Field	Format
Date Joined	00/00/0000
Date Left	00/00/0000
Permit Number	000
Owner Operated	y or n
Leased	y or n
Hybrid	y or n
CNG	y or n
Electric	y or n
Other Alternative Fuel	N or list type
Handicapped Accessible	y or n
Total Hours in Operation	0000.00
Hours Idle	0000.00
Hours Out of Operation	0000.00
Number of Hours leased	0000.00