



Taxis, Access & Mobility Services Division

Color Scheme/Dispatch Service Address Change Form

(NOT TO BE USED FOR NAME CHANGES) PLEASE PRINT LEGIBLY

Address Change for: [] Color Scheme [] Dispatch Service [] Both (if different address, use two address change forms)

Manager's Name: Last First

Color Scheme Name

Dispatch Name and Phone No.

Form box containing fields for New Address (Street, City, State, Zip), New Business #, New Fax #, and Old Address (Street, City, State, Zip).

I declare under the penalty of perjury that the above information is true and correct.

Signature Date

*Mail or Fax Completed Form to: One S. Van Ness Ave., 7th Flr., SF, CA 94103; Fax Number: 415.701.5437

FOR OFFICE USE ONLY

Received by Date Approved or Denied by

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