Manitoba
Municipal Government
Taxicab Board Office

COMPLIMENT REPORT

DATE REPORTED:	**TIME REPORTED:**	**DATE OF SERVICE:**	**TIME OF SERVICE:**
TRIP START LOCATION / LOCATION:		**TRIP DESTINATION:**	
CUSTOMER NAME:	**Passenger in Vehicle** **Yes:** ☐ **No:** ☐	**TELEPHONE: HOME/ CELL/ WORK #**	
CUSTOMER ADDRESS:		**POSTAL CODE:**	
DISPATCHED: ☐	**HALED:** ☐	**TOTAL FARE:**	**Method of Payment:**
BOARD NUMBER:	**COMPANY:**	**VEHICLE COLOUR:**	**VEHICLE TYPE:**

COMMENTS: