



**New Shoreham Commission on Motor Vehicles for Hire  
Taxi/Bus Compliment/Complaint Form**

**Today's Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Taxi/Bus Company name:** \_\_\_\_\_

**Driver name:** \_\_\_\_\_

**Description and date of issue(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_

**Thank you for taking time to provide us with information.  
All actionable and verifiable complaints will be investigated.**

**Mail form to: New Shoreham Commission on Motor Vehicles for Hire, PO Box 220, Block Island, RI 02807**