

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Anthony Torres
Name of Supporter

7 Oxford Drive Selinsgrove PA 17870
Street Address City or Municipality State Zip Code

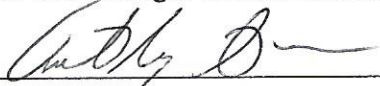
Susquehanna Valley Taxi
Name of Applicant

- Describe the type of transportation service needed.
taxi service
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
need transported to Danville area
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
daily to work
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
no
- Have you supported similar applications in the past? If so, please supply name and docket number.
no

VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.


(Signature) Anthony Torres
(Name, printed or typed)

1/31/16
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Santa Rodriguez
Name of Supporter

4066 Rt 204, Selinsgrove PA 17870
Street Address City or Municipality State Zip Code

Susquehanna Valley Taxi Service.
Name of Applicant

- Describe the type of transportation service needed.

Taxi that is available all times

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

From my home in Kratzerville to work in Northumberland

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

depending on the weather. can be 2-3 wk.

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

yes, they were already closed for the day.

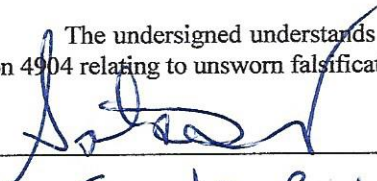
- Have you supported similar applications in the past? If so, please supply name and docket number.

NO

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(Signature)
Santa Rodriguez
(Name, printed or typed)

1/2/16
(Date)

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ROAR GANGDAL

Name of Supporter

216 Market St

Street Address

LEWISBURG

City or Municipality

PA

State

17837

Zip Code

SUSQUEHANNA VALLEY TAXI

Name of Applicant

- Describe the type of transportation service needed.
TAXI TO/FROM RESTAURANTS ETC.
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
LEWISBURG TO/FROM DANVILLE, BLOOMSBURG, SELINGROVE, MIFFLINBURG, WILLIAMSPORT AND GENERAL AREA
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
WEEKLY
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
NON-EXISTING, OR ONLY LIMITED DAYTIME HOURS OF OPERATION, BAD REPUTATION FOR POOR SERVICE, DIRTY CARS.
- Have you supported similar applications in the past? If so, please supply name and docket number.
NO

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Roar Gangdal

(Signature)

ROAR GANGDAL

(Name, printed or typed)

02/08/2016

(Date)

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THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Kati Snyder
Name of Supporter

104 Oak Drive Lewisburg Pa 17837
Street Address City or Municipality State Zip Code

Susquehanna Valley Taxi Service
Name of Applicant

- Describe the type of transportation service needed.

Taxi Service to use when needed.

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

from Lewisburg to Mifflinburg - from zero to Rusty Rail
from Lewisburg to Harrisburg Airport

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

upon needed but I would say weekly

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

yes and I couldn't get through to anyone.

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

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Kati Snyder
(Signature)
Kati Snyder
(Name, printed or typed)

12/24/15
(Date)

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Kerk Wolfe
Name of Supporter

812 N Front Sunbury Pa 17801
Street Address City or Municipality State Zip Code

Susquehanna Valley Taxi Service
Name of Applicant

- Describe the type of transportation service needed.

Service to Selinsgrove and Lewisburg at any time

- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.

Sunbury to Lewisburg

- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?

As needed

- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?

Yes Drivers are not courteous never on time
and Hard to Reach on Phone

- Have you supported similar applications in the past? If so, please supply name and docket number.

No

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(Signature)

(Name, printed or typed)

Kerk Wolfe
Kerk Wolfe

(Date)

1-28-16

VERIFIED STATEMENT IN SUPPORT OF THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Scott Bertoni
Name of Supporter

156 N. Walnut St Milton PA 17847
Street Address City or Municipality State Zip Code


Susquehanna Valley Taxi Service
Name of Applicant

- Describe the type of transportation service needed.
Service to Lewisburg
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships.
Milton to Lewisburg or Sunbury
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?
As needed
- Have you tried to use other providers of service in this area, and if so, why do you prefer not to use them?
NO
- Have you supported similar applications in the past? If so, please supply name and docket number.
NO

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(Signature)
Scott Bertoni
(Name, printed or typed)

1/28/16
(Date)