



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
P.O. BOX 3265, HARRISBURG, PA 17105-3265

IN REPLY PLEASE
REFER TO OUR FILE

Tuesday, July 29, 2003

PAUL J WALSH ESQUIRE
PO BOX 356
SLOVAN PA 15078

In re: A-00115729, F. 3 - Application of Green's Taxi, Inc.

To Whom It May Concern:

The above referenced application has been assigned for review without oral hearing. In order to reach a determination on the application, you are being required to file verified statements in accordance with 52 Pa. Code Section §3.381(e)(1). You will be required to file:

- A. VERIFIED STATEMENT OF THE APPLICANT
- B. VERIFIED STATEMENT(S) IN SUPPORT OF THE APPLICATION.

The verified statements should be in paragraph form. Each heading contained in the attached minimum outline should be a separate section or paragraph.

You should be aware of the fact that the verified statements will be reviewed based on the Commission's decision in the Application of Blue Bird Coach Lines, Inc., (A-00088807, F. 2, Am-K) 72 Pa. P.U.C. 262 (1990), which indicates: (1) the supporting witnesses must give evidence which is probative and relevant to the application proceeding; (2) the supporting witnesses must identify Pennsylvania origin and destination points between which they require transportation and those points must correspond with the scope of the operating territory specified in the application, including requests for vice versa authority; and (3) the number of witnesses which will represent a cross section of the public on the issue of need will vary with the breadth of the intended territory and commodity description.

You are being granted an initial thirty (30) day to file verified statements. They will be due on or before August 31, 2003.

If additional time is required, it may be requested by telephone but must be followed in writing with the reasons for the extension stated. Questions about the application should be directed to Gale E. Travitz at (717) 787-5513.

DOCKETED

JUL 29 2003

Very truly yours,

**DOCUMENT
FOLDER**

Gale E. Travitz
Transportation Application Specialist
Compliance Office
Bureau of Transportation & Safety
(717) 787-5513

GET:gt

Enclosures

Law Offices
of
Paul J. Walsh & Associates

1943 Smith Twp. State Rd.
P.O. Box 356
Slovan, PA 15078
(724) 947-6000 FAX (724) 947-4473

August 29, 2003

Gale E. Travitz
Transportation Application Specialist
Commonwealth of Pennsylvania
Public Utility Commission
P.O. Box 3265
Harrisburg, PA 17105-3265

~~FIAMA~~
F-3

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2003 AUG 30 AM 9:57

Re: Docket No. A-00115729 - Folder 1, 3 and 4, Am-A - Application of Green's Taxi, Inc.

Dear Ms. Travitz:

Enclosed please find the Verified Statements in Support of the Application and the Verified Statement of Applicant in connection with the above-referenced matters.

Thank you for your attention. Should you have any questions, please do not hesitate to contact me.

DOCKETED
OCT 10 2003

Very truly yours,

Paul J. Walsh

2715
in support

This
+ ref
two
com
for
Green
Tax

PJW/kmw

cc: Green's Taxi, Inc.

**DOCUMENT
FOLDER**

APPENDIX A

- A) Applicant: Green's Taxi, Inc.
Witness: Paul J. Walsh, Esquire
- B) Equipment: See attached documentation.
- C) Applicant's terminal facilities are located at 8200 Noblestown Road, McDonald, PA 15057. They are appropriate for the operation of a call or demand service. The applicant currently has three full-time employees and nine part-time employees.
- D) This application has been filed as a result of the Commission's suspension/termination of Chartiers Taxi's operating authority in the service area.
- E) (724) 947-6000
- F) Rates: See attached documentation.
- G) Not applicable.
- H) Applicant currently has evidence of insurance on file with the Commission. Please also see attached documentation.
- I) There are no labor unions involved with Applicant's employees.

DOCKETED
OCT 10 2003

*Mike Conn - Operations
supervisor for Green's indicated
that in addition to 9 nine six-passenger
vans, applicant has 2-14 passenger Vans
1-12 P " "*

**DOCUMENT
FOLDER**

*Mini VANS are 6
passenger Vans*

*Conversation of Oct. 10, 2003.
repair performed in house extent to major ones
Gale J.*

Financial Statements

of
GREEN'S TAXI INC.
For the Period Ended June 30, 2002

DOCKETED
OCT 08 2003

SA

DOCUMENT
FOLDER

GREEN'S TAXI INC.

Balance Sheet

June 30, 2002

ASSETS

Current Assets

Cash on Hand	\$	(34.00)
Cash in Checking - Bank Pgh		1,019.17
Prepaid Corp. Taxes		<u>200.00</u>

Total Current Assets

\$ 1,185.17 ✓

Fixed Assets

Equipment		4,184.92
Taxi's		121,162.50
Accumulated Depreciation		<u>(47,673.69)</u>

Total Fixed Assets

77,673.73

Total Assets

\$ 78,858.90 ✓

GREEN'S TAXI INC.

Balance Sheet

June 30, 2002

LIABILITIES AND EQUITY

Current Liabilities

FICA W/H	\$	541.56
Medicare W/H		126.68
FIT W/H		352.00
State W/H		459.24
SUTA Payable		550.27
Local W/H		94.31
Other W/H		80.00
FUTA Payable		<u>117.13</u>

Total Current Liabilities

\$ 2,321.19

Long Term Liabilities

Loan from Shareholder	1,565.39
Note Payable - Community #1	7,492.95
Note Payable - Community #2	7,487.52
Note Payable - FCB #4	12,055.27
Note Payable - FCB #5	13,727.85
Note Payable - FCB #6	6,678.93
Note Payable - All Points	(900.00)
Note Payable - FCB #7	9,856.50
Note Payable - FCB #8	<u>7,026.50</u>

Total Long Term Liabilities

64,990.91

Equity

Common Stock	16,667.00
Retained Earnings	1,755.39
Paid in Capital	304.54
Distributions	(11,396.34)
Treasury Stock	(20,000.00)
Current Income (Loss)	<u>24,216.21</u>

Total Equity

11,546.80

Total Liabilities & Equity

\$ 78,858.90

GREEN'S TAXI INC.
Income Statement
For the Period Ended June 30, 2002

	1 Month Ended Jun. 30, 2002	Pct	6 Months Ended Jun. 30, 2002	Pct
Revenue				
Income - Taxi Fares	\$ 0.00	0.00	\$ 1,182.00	1.19
Income - Washington County	0.00	0.00	97,797.88	98.68
Income - Intelitran	<u>0.00</u>	<u>0.00</u>	<u>128.15</u>	<u>0.13</u>
Total Revenue	0.00	0.00	99,108.03	100.00
Operating Expenses				
Cleaning & Maintenance	0.00	0.00	118.19	0.12
FICA Expense	334.19	0.00	1,977.09	1.99
Unemployment Taxes	155.87	0.00	1,068.71	1.08
Wages	4,367.25	0.00	25,841.12	26.07
Taxi Expense	822.59	0.00	9,948.50	10.04
Gasoline	1,412.24	0.00	7,035.22	7.10
Equipment Rental	0.00	0.00	463.79	0.47
Depreciation Expense	2,076.15	0.00	9,854.38	9.94
Uniforms	0.00	0.00	380.88	0.38
Supplies	253.80	0.00	782.09	0.79
Advertising	0.00	0.00	945.40	0.95
Office Expense	62.50	0.00	141.13	0.14
Postage	0.00	0.00	68.00	0.07
Telephone	342.21	0.00	462.54	0.47
License & Permits	0.00	0.00	50.00	0.05
Interest Expense	468.71	0.00	2,505.24	2.53
Accounting	0.00	0.00	1,050.00	1.06
Donations	0.00	0.00	500.00	0.50
Insurance	2,674.62	0.00	11,582.54	11.69
Legal	<u>54.00</u>	<u>0.00</u>	<u>117.00</u>	<u>0.12</u>
Total Expenses	<u>13,024.13</u>	<u>0.00</u>	<u>74,891.82</u>	<u>75.57</u>
Operating Income	<u>(13,024.13)</u>	<u>0.00</u>	<u>24,216.21</u>	<u>24.43</u>
Net Income (Loss)	\$ <u>(13,024.13)</u>	<u>0.00</u>	\$ <u>24,216.21</u>	<u>24.43</u>

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1-12 P " "

Mini VANS are 6
passenger Vans

Conversation of Oct. 10, 2003.
Maintenance is performed in house by mechanic, spent
for major repairs
Gale J.

VERIFICATION OF APPENDIX A

I/WE HEREBY STATE THAT THE STATEMENTS MADE IN THIS APPLICATION IS/ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

THE UNDERSIGNED UNDERSTANDS THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 Pa. C. S. § 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

<u>Robert C. Green</u>	<u>Robert C. Green</u>	<u>7-31-02</u>
(PRINT NAME)	(SIGNATURE)	(DATE)
<u>Secretary</u>		

THE VERIFICATION OF THE APPLICATION MUST BE COMPLETED BY THE APPLICANT APPEARING ON LINE 1 OF THE APPLICATION BY THE NAMED INDIVIDUAL, ALL PARTNERS IF A PARTNERSHIP OR BY THE PRESIDENT OR SECRETARY IF A CORPORATION.

GREETAX

FINANCIAL RESPONSIBILITY INSURANCE IDENTIFICATION CARD

(STATE) **Pennsylvania**

COMPANY NUMBER COMPANY CO. NAIC CODE

National Casualty Company

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
CA166132 04/24/2002 04/24/2003

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
1999 Dodge Van 2B4GP24G2XR131490

AGENCY/COMPANY ISSUING CARD
**Hood Insurance Associates
382 W Chestnut St
PO Box 816
Washington, PA 15301**

INSURED

**Greens Taxi Service, Inc.
c/o Fort Cherry Ambulance
8200 Noblestown Road
Mc Donald, PA 15057**

25512

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE CARRIED FOR PRODUCTION UPON DEMAND. IT IS SUGGESTED THAT YOU CARRY THIS CARD IN THE INSURED VEHICLE.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this state without the required financial responsibility may have his registration suspended or revoked.

NOTE: THIS CARD IS REQUIRED WHEN:

- (a) You are involved in an auto accident.
- (b) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
- (c) You are stopped for violating any provision of 75 Pa. C.S. (relating to the Vehicle Code) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

Expiration Date: Not Valid More Than One Year From Effective Date

GREETAX

FINANCIAL RESPONSIBILITY INSURANCE IDENTIFICATION CARD

(STATE) Pennsylvania

COMPANY NUMBER

COMPANY

CO. NAIC CODE

National Casualty Company

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

CA166132

04/24/2002

04/24/2003

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

1999

Dodge Van

2B4GP24G9XR146035

AGENCY/COMPANY ISSUING CARD

Hood Insurance Associates

382 W Chestnut St

PO Box 816

Washington, PA 15301

INSURED

Greens Taxi Service, Inc.
 c/o Fort Cherry Ambulance
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(STATE) **Pennsylvania**

COMPANY NUMBER COMPANY CO. NAIC CODE

National Casualty CompanyPOLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
CA166132 04/24/2002 04/24/2003YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
1997 Dodge Caravan 2B4GP2433VR124378AGENCY/COMPANY ISSUING CARD
**Hood Insurance Associates
382 W Chestnut St
PO Box 816
Washington, PA 15301**

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(STATE) **Pennsylvania**

COMPANY NUMBER COMPANY CD, NAIC CODE

National Casualty CompanyPOLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
CA166132 04/24/2002 04/24/2003YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
1999 Dodge Caravan 2B4FP2532XR252169AGENCY/COMPANY ISSUING CARD
**Hood Insurance Associates
382 W Chestnut St
PO Box 816
Washington, PA 15301**

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COMPANY NUMBER COMPANY CO. NAIC CODE

National Casualty CompanyPOLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
CA166132 04/24/2002 04/24/2003YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2000 Dodge Gr. Carav 2B4GP2430YR536391AGENCY/COMPANY ISSUING CARD
**Hood Insurance Associates
382 W Chestnut St
PO Box 816
Washington, PA 15301**

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(STATE) **Pennsylvania**

COMPANY NUMBER

COMPANY

CO. NAIC CODE

National Casualty Company

POLICY NUMBER

EFFECTIVE DATE

EXPIRATION DATE

CA166132**04/24/2002****04/24/2003**

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

1996**Dodge Caravan****2B4FP2530TR855745**

AGENCY/COMPANY ISSUING CARD

Hood Insurance Associates**382 W Chestnut St****PO Box 816****Washington, PA 15301**

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CA166132**04/24/2002****04/24/2003**

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2000**Ford E450 Turtl****1FDXE45S2YHC01912**

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Green's Taxi **(724) 947-2228**

1 Mile	\$2.25	16 Miles	\$21.00
2 Miles	\$3.50	17 Miles	\$22.25
3 Miles	\$4.75	18 Miles	\$23.50
4 Miles	\$6.00	19 Miles	\$24.75
5 Miles	\$7.25	20 Miles	\$26.00
6 Miles	\$8.50	21 Miles	\$27.25
7 Miles	\$9.75	22 Miles	\$28.50
8 Miles	\$11.00	23 Miles	\$29.75
9 Miles	\$12.25	24 Miles	\$31.00
10 Miles	\$13.50	25 Miles	\$32.25
11 Miles	\$14.75	26 Miles	\$33.50
12 Miles	\$16.00	27 Miles	\$34.75
13 Miles	\$17.25	28 Miles	\$36.00
14 Miles	\$18.50	29 Miles	\$37.25
15 Miles	\$19.75	30 Miles	\$38.50

(724) 926-1200

Charges for tenths of miles

.2 = \$0.25
.4 = \$0.50
.6 = \$0.75
.8 = \$1.00

Waiting Time

**Charge \$0.50 every 5
minutes of waiting**

**Each additional
person is \$0.25.**

APPENDIX B

- A) Applicant: Green's Taxi, Inc.
Witness: Paul J. Walsh, Esquire
- B) Service area currently granted to Chartiers Taxi.
- C) There is currently no service in the area at issue. Call or demand service is needed.
- D) The service is needed immediately.
- E) The service is needed permanently. The Applicant is filing a permanent authority application simultaneously.
- F) if service is not available, the residents of the service area, including many elderly citizens, will have no means of transportation to meet their needs.
- G) The Public Utility Commission has suspended/terminated the operating authority of Chartiers Taxi for the service area.
- H) There are no other carriers available to replace Chartiers Taxi.
- I) There are no other carriers available to replace Chartiers Taxi.
- J) The witness has supported the simultaneous filing for permanent authority. The Applicant is Green's Taxi, Inc. at 8200 Noblestown Road, McDonald, PA 15057.
- K) There are no labor unions involved with Applicant's employees.

VERIFICATION OF APPENDIX B

I/WE HEREBY STATE THAT THE STATEMENTS MADE IN THIS APPLICATION IS/ARE TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

THE UNDERSIGNED UNDERSTANDS THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 Pa. C. S. § 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

Robert C. Green Robert C. Green 7-31-02
(PRINT NAME) (SIGNATURE) (DATE)

Secretary

THE VERIFICATION OF THE APPLICATION MUST BE COMPLETED BY THE APPLICANT APPEARING ON LINE 1 OF THE APPLICATION BY THE NAMED INDIVIDUAL, ALL PARTNERS IF A PARTNERSHIP OR BY THE PRESIDENT OR SECRETARY IF A CORPORATION.

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, ~~Am-1~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

Please note if you are filling out this form in an individual capacity, please complete Section 1 and Section 3. If you are filling out this form and speaking on behalf of a business/organization, please complete Section 2 and Section 3. It is important that all persons completing this statement fill out Section 3.

Section 1

Name Jennie Rasio
Street Address 457 Woodland Rd
City Canonsburg Zip Code 15317
Township or Borough CANONSBURG
County WASHINGTON

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

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Number of Trips: Please choose one from each column

<u> </u> 1 - 5 trips	<u> </u> Per Day
<u> </u> 5 - 10 trips	<u> </u> Per Week
<u>✓</u> 10 or more	<u>✓</u> Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 457 Woodland Rd
City/Borough/Township Canonsburg
County Washington

Destination: Street Address Duke St
City/Borough/Township Canonsburg
County Washington

Would you require a return trip? Yes No

2) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

3) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

C. Have you ever filled out a similar form in support of another application of this type?

Yes _____ No

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 5/25/03 Signature Jennie Fassio

Printed Name JENNIE FASSIO

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, Am-A

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

Please note if you are filling out this form in an individual capacity, please complete Section 1 and Section 3. If you are filling out this form and speaking on behalf of a business/organization, please complete Section 2 and Section 3. *It is important that all persons completing this statement fill out Section 3.*

Section 1

Name PAT GAMBLE
Street Address 53+ AUGUSTA AVE
City CLARENSBURG TWP Zip Code 15317
Township or Borough _____
County WASHINGTON

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2003 SEP - 2 AM 10:02

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

_____ 1 - 5 trips	_____ Per Day
_____ 5 - 10 trips	_____ Per Week
<u>x</u> _____ 10 or more	<u>24</u> _____ Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 532 Duquesne Ave
City/Borough/Township Warrensburg PA 15317
County WASHINGTON

Destination: Street Address SHOP + SILVER
City/Borough/Township HANSTON
County WASHINGTON

Would you require a return trip? Yes 1 No _____

2) Begin: Street Address 532 Duquesne Ave
City/Borough/Township Warrensburg
County Wash.

Destination: Street Address Jeffries Drug Store
City/Borough/Township Warrensburg
County Wash

Would you require a return trip? Yes X No _____

3) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No ✓

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 909 relating to unsworn falsification to authorities.

Dated 8/25/01 Signature Patricia Gamble

Printed Name PATRICIA GAMBLE

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, ~~Am-A~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

Please note if you are filling out this form in an individual capacity, please complete Section 1 and Section 3. If you are filling out this form and speaking on behalf of a business/organization, please complete Section 2 and Section 3. It is important that all persons completing this statement fill out Section 3.

Section 1

Name MARSHALL MATTHEWS
Street Address 539 BLAINE AVE
City CANONSBURG PA Zip Code 15317
Township or Borough CANONSBURG
County WASHINGTON

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2003 SEP - 2 AM 10:02

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<input checked="" type="checkbox"/> 1 - 5 trips	_____ Per Day
_____ 5 - 10 trips	<input checked="" type="checkbox"/> Per Week
_____ 10 or more	_____ Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 191 Alexander Ave
City/Borough/Township Straban
County _____

Destination: Street Address 764 S. Central
City/Borough/Township Canonsburg
County _____

Would you require a return trip? Yes No _____

2) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

3) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No _____.

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8-16-03 Signature MARINA MATTHEWS

Printed Name MARINA MATTHEWS

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, ~~Area A~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

Please note if you are filling out this form in an individual capacity, please complete Section 1 and Section 3. If you are filling out this form and speaking on behalf of a business/organization, please complete Section 2 and Section 3. It is important that all persons completing this statement fill out Section 3.

Section 1

Name Pat Falcioni
Street Address 227 Taylor Dr
City Canonsburg Zip Code 15317
Township or Borough Canonsburg
County WASH

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2003 SEP -12 AM 10:02

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

_____ 1 - 5 trips	_____ Per Day
_____ 5 - 10 trips	_____ Per Week
<input checked="" type="checkbox"/> 10 or more	<input checked="" type="checkbox"/> Per Month

B. Please think of the possible destinations you could envision using a taxi to reach. maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 227 Taylor Dr
City/Borough/Township Canons BURG
County WASH

Destination: Street Address 1 W. Pike St.
City/Borough/Township Canons BURG
County WASH

Would you require a return trip? Yes _____ No _____

2) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

3) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No X

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8-14-05 Signature Patricia Falcioni

Printed Name PATRICIA FALCIONI

APPLICATION OF GREEN'S TAXI, INC.
Docket No. A-00115729 - Folder 3, ~~A~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

Please note if you are filling out this form in an individual capacity, please complete Section 1 and Section 3. If you are filling out this form and speaking on behalf of a business/organization, please complete Section 2 and Section 3. It is important that all persons completing this statement fill out Section 3.

Section 1

Name Devonna Grayson
Street Address 150 W Pike St
City Canonsburg Zip Code 15317
Township or Borough Canonsburg
County WASH

2003 SEP - 2 AM 10:02
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TRANSPORTATION SAFETY

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 4-14-03 Signature Devonna Grayson
Printed Name Devonna Grayson

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, Am A

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

Please note if you are filling out this form in an individual capacity, please complete Section 1 and Section 3. If you are filling out this form and speaking on behalf of a business/organization, please complete Section 2 and Section 3. It is important that all persons completing this statement fill out Section 3.

Section 1

Name Debra Chaudhri
Street Address 531 Duquesne ave
City Canonsburg Zip Code 15317
Township or Borough Canonsburg Boro
County WASH.

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2003 SEP - 21 AM 10:02

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

_____ 1 - 5 trips	_____ Per Day
<u> / </u> 5 - 10 trips	<u> / </u> Per Week
_____ 10 or more	_____ Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 531 DUGUESNE AVE
City/Borough/Township CANONSBURG
County WASH

Destination: Street Address W PIKE ST
City/Borough/Township CANONSBURG
County WASH.

Would you require a return trip? Yes No

2) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

3) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No _____

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 9-14-03 Signature Dena M. Chandler

Printed Name DENA CHANDLER

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, ~~Am-11~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

Please note if you are filling out this form in an individual capacity, please complete Section 1 and Section 3. If you are filling out this form and speaking on behalf of a business/organization, please complete Section 2 and Section 3. It is important that all persons completing this statement fill out Section 3.

Section 1

Name Ester Lemon
Street Address 302 Wylie Ave
City Houston Zip Code 15342
Township or Borough ~~HO~~ Chartiers
County WASH.

2003 SEP - 2 AM 10: 02
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TRANSPORTATION SAFETY

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<u>2</u> 1 - 5 trips	<input checked="" type="checkbox"/> Per Day
_____ 5 - 10 trips	_____ Per Week
_____ 10 or more	_____ Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address W. Central Ave
City/Borough/Township Canonsburg
County WASH

Destination: Street Address 302 Wylie Ave
City/Borough/Township Houstad / Chartiers Twp
County WASH

Would you require a return trip? Yes No _____

2) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

3) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, ~~Am~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

Please note if you are filling out this form in an individual capacity, please complete Section 1 and Section 3. If you are filling out this form and speaking on behalf of a business/organization, please complete Section 2 and Section 3. It is important that all persons completing this statement fill out Section 3.

Section 1

Name Victoria Brock
Street Address 1230 Paxton Rd
City Houston Zip Code 15342
Township or Borough Chartiers
County WASH.

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

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TRANSPORTATION & SAFETY
2003 SEP - 2 4:10:02

Number of Trips: Please choose one from each column

X 1 - 5 trips _____ Per Day
_____ 5 - 10 trips _____ Per Week
_____ 10 or more X Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 1280 Paxton Rd
City/Borough/Township Houston
County WASH

Destination: Street Address Linden Creek Rd
City/Borough/Township Sanansburg PA
County Washington

Would you require a return trip? Yes _____ No X

2) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

3) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No X

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 5-14-23 Signature Victoria A Brock

Printed Name Victoria Brock

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, ~~Am. A~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

Please note if you are filling out this form in an individual capacity, please complete Section 1 and Section 3. If you are filling out this form and speaking on behalf of a business/organization, please complete Section 2 and Section 3. It is important that all persons completing this statement fill out Section 3.

Section 1

Name Sandra McCoy
Street Address 511 VVT Valley Rd
City Canonsburg Zip Code 15317
Township or Borough Canonsburg Twp
County WASH.

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

RECEIVED
OFFICE OF
TRANSPORTATION SAFETY
2003 SEP - 2 AM 10:03

Number of Trips: Please choose one from each column

_____ 1 - 5 trips	_____ Per Day
_____ 5 - 10 trips	<input checked="" type="checkbox"/> Per Week
<input checked="" type="checkbox"/> 10 or more	_____ Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 311 Valley View Terrace, Valley Rd
City/Borough/Township Canonsburg
County WASH.

Destination: Street Address L.J. Silvers Morganza Rd.
City/Borough/Township Canonsburg
County WASH.

Would you require a return trip? Yes No

2) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes No

3) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes No

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8-14-03 Signature Sandra McCoy

Printed Name Sandra McCoy

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, ~~1~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

Please note if you are filling out this form in an individual capacity, please complete Section 1 and Section 3. If you are filling out this form and speaking on behalf of a business/organization, please complete Section 2 and Section 3. It is important that all persons completing this statement fill out Section 3.

Section 1

Name _____
Street Address _____
City _____ Zip Code _____
Township or Borough _____
County _____

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TRANSPORTATION & SAFETY
2003 SEP - 2 AM 10:03

Would you use this service if in need of personal/family transportation? Yes ___ No ___

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name Lloyd Keller
Title OPERATIONS SUPERVISOR
Business/Organization CHANDLER BURY Ambulance
Street Address 209 W. VIKI ST
Telephone Number 724-745-6911

Are you authorized to speak for the above named business? Yes No ___

Would you use this service if in need of passenger transportation services? Yes No ___

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<input checked="" type="checkbox"/> 1 - 5 trips	_____ Per Day
_____ 5 - 10 trips	<input checked="" type="checkbox"/> Per Week
_____ 10 or more	_____ Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 109 W. Pike
City/Borough/Township Canonsburg Borough
County West

Destination: Street Address 100 Medical Blvd
City/Borough/Township N. Shiloh
County West

Would you require a return trip? Yes No _____

2) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

3) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No .

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8/18/3 Signature Lloyd Keller

Printed Name Lloyd Keller

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, Am-A

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

Please note if you are filling out this form in an individual capacity, please complete Section 1 and Section 3. If you are filling out this form and speaking on behalf of a business/organization, please complete Section 2 and Section 3. It is important that all persons completing this statement fill out Section 3.

Section 1

Name _____
Street Address _____
City _____ Zip Code _____
Township or Borough _____
County _____

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TRANSPORTATION & SAFETY
2003 SEP - 2 AM 10: 03

Would you use this service if in need of personal/family transportation? Yes ___ No ___

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name Shirley Miller
Title Owner
Business/Organization Pine Lawn Pet
Street Address 712 W. Grant St Houston Pa 15342
Telephone Number 724-3746-1460

Are you authorized to speak for the above named business? Yes X No ___

Would you use this service if in need of passenger transportation services? Yes X No ___

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<u> X </u> 1 - 5 trips	<u> </u> Per Day
<u> </u> 5 - 10 trips	<u> X </u> Per Week
<u> </u> 10 or more	<u> </u> Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 712 W. Grant St.
 City/Borough/Township Houston
 County Wash.

Destination: Street Address Marion Providence Hosp
 City/Borough/Township Pittsburgh
 County Allegheny

Would you require a return trip? Yes X No

2) Begin: Street Address 712 W. Grant St
 City/Borough/Township Houston
 County Wash.

Destination: Street Address 378 W. Chestnut
 City/Borough/Township Washington
 County Wash.

Would you require a return trip? Yes X No

3) Begin: Street Address 712 W. Grant St.
 City/Borough/Township Houston
 County Wash.

Destination: Street Address 30 E. Pike
 City/Borough/Township Canonsburg
 County Wash.

Would you require a return trip? Yes X No

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No X.

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8/18/03 Signature Shirley Miller
Printed Name Shirley Miller

APPLICATION OF GREEN'S TAXI, INC.
Docket No. A-00115729 - Folder 3, ~~Am A~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

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Section 1

Name Joann Charles
Street Address 238 Morgans Rd
City Del. Pa. Zip Code 15317
Township or Borough West Strabean
County Washington

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TRANSPORTATION & SAFETY
2003 SEP - 2 AM 10: 03

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name Joann Charles
Title Owner
Business/Organization The Charles & Family Personal Care Home
Street Address 238 Morgans Rd
Telephone Number 724-745-6355

Are you authorized to speak for the above named business? Yes No

Would you use this service if in need of passenger transportation services? Yes No

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<input checked="" type="checkbox"/> 1 - 5 trips	<input type="checkbox"/> Per Day
<input type="checkbox"/> 5 - 10 trips	<input checked="" type="checkbox"/> Per Week
<input type="checkbox"/> 10 or more	<input type="checkbox"/> Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 238 Margaret Rd
City/Borough/Township Canonsburg
County Wash.

Destination: Street Address 10 Iron St Apt 1A
City/Borough/Township Canonsburg
County Wash.

Would you require a return trip? Yes _____ No X

2) Begin: Street Address 238 Margaret Rd
City/Borough/Township Canonsburg
County Wash.

Destination: Street Address 106 W. College
City/Borough/Township Canonsburg
County Wash.

Would you require a return trip? Yes _____ No X

3) Begin: Street Address 238 Margaret
City/Borough/Township Canonsburg
County Wash.

Destination: Street Address 10 Iron St Apt 3B
City/Borough/Township Canonsburg
County Wash.

Would you require a return trip? Yes _____ No X

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No ✓

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 5/16/20 Signature: Juann Charles
Printed Name JUANN CHARLES

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, ~~Am-1~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

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Section 1

Name _____
Street Address _____
City _____ Zip Code _____
Township or Borough _____
County _____

RECEIVED
OFFICE OF
TRANSPORTATION & SAFETY
2003 SEP -12 AM 10:03

Would you use this service if in need of personal/family transportation? Yes ___ No ___

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name DAVID VAIKIL
Title OWNER-MANAGER
Business/Organization SUPER 7 MOTEL
Street Address 2 CURRY AVE, CANONSBURG, PA 15317
Telephone Number 724-873-8808

Are you authorized to speak for the above named business? Yes X No ___

Would you use this service if in need of passenger transportation services? Yes X No ___

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

 X 1 - 5 trips Per Day
 5 - 10 trips X Per Week
 10 or more Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 8 Curry Ave
City/Borough/Township Connersburg
County Wash.

Destination: Street Address Dawson Crossroads
City/Borough/Township N. Strabane
County Wash.

Would you require a return trip? Yes X No

2) Begin: Street Address 8 Curry Ave
City/Borough/Township Connersburg
County Wash.

Destination: Street Address Greater Pittsburgh Airport
City/Borough/Township Findley
County Allegheny

Would you require a return trip? Yes No X

3) Begin: Street Address 8 Curry Ave
City/Borough/Township Connersburg
County Wash

Destination: Street Address Greyhound Bus Station
City/Borough/Township Pittsburgh
County Allegheny

Would you require a return trip? Yes No X

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No _____.

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated _____ Signature 

Printed Name David G. Green

APPLICATION OF GREEN'S TAXI, INC.
Docket No. A-00115729 - Folder 3, Am-A

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

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RECEIVED
FIREARMS
REGISTRATION
SAFETY
2003 SEP - 2 AM 10:03

Section 1

Name _____
Street Address _____
City _____ Zip Code _____
Township or Borough _____
County _____

Would you use this service if in need of personal/family transportation? Yes ___ No ___

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name Holiday Inn Meadowlands
Title _____
Business/Organization Hotel
Street Address 340 Race Track Rd.
Telephone Number 734-222-6200

Are you authorized to speak for the above named business? Yes No ___

Would you use this service if in need of passenger transportation services? Yes No ___

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<u> X </u> 1 - 5 trips	_____ Per Day
_____ 5 - 10 trips	<u> X </u> Per Week
_____ 10 or more	_____ Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 340 Race Track Rd
City/Borough/Township N. Strabane
County Wash.

Destination: Street Address Greens Pittsburgh Airport
City/Borough/Township Findley
County Allegheny

Would you require a return trip? Yes _____ No X

2) Begin: Street Address 340 Race Track Rd
City/Borough/Township N. Strabane
County Wash

Destination: Street Address 301 Outspring Rd
City/Borough/Township Washington
County Wash.

Would you require a return trip? Yes X No _____

3) Begin: Street Address 340 Race Track Rd
City/Borough/Township N. Strabane
County Wash.

Destination: Street Address Amtrak Station
City/Borough/Township Pittsburgh
County Allegheny

Would you require a return trip? Yes _____ No X

Page Three
Application of Green's Taxi, Inc.
Docket No. A-00115729 - Folder 3, Am-A

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No _____

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated _____ Signature _____

Printed Name _____

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, ~~APP A~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

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BUREAU OF
TRANSPORTATION & SAFETY
2003 SEP - 2 4:11 PM '03

Section 1

Name _____
Street Address _____
City _____ Zip Code _____
Township or Borough _____
County _____

Would you use this service if in need of personal/family transportation? Yes ___ No ___

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name Lisa Gerhart
Title Receptionist
Business/Organization Fyda Freightliner, Inc.
Street Address 20 Fyda Drive, Canonsburg, PA 15317
Telephone Number 724-514-2055

Are you authorized to speak for the above named business? Yes No

Would you use this service if in need of passenger transportation services? Yes No

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

1 - 5 trips _____ Per Day
_____ 5 - 10 trips Per Week
_____ 10 or more _____ Per Month

B. Please think of the possible destinations you could envision using a taxi to reach. maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 20 Fyda Dr.
City/Borough/Township N. Strabane
County Wash.

Destination: Street Address Greater Pittsburgh Airport
City/Borough/Township Findley
County Allegheny

Would you require a return trip? Yes _____ No

2) Begin: Street Address 20 Fyda Dr.
City/Borough/Township N. Strabane
County Wash.

Destination: Street Address Greyhound Bus Station
City/Borough/Township Pittsburgh
County Allegheny

Would you require a return trip? Yes _____ No

3) Begin: Street Address 20 Fyda Dr
City/Borough/Township N. Strabane
County Wash.

Destination: Street Address Super 8 Motel
City/Borough/Township Connersburg
County Wash

Would you require a return trip? Yes No _____

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No

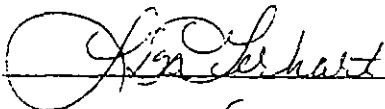
If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8/25/03

Signature



Printed Name

Lisa Gerhart

APPLICATION OF GREEN'S TAXI, INC.
Docket No. A-00115729 - Folder 3, ~~A~~A

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

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Section 1

Name _____
Street Address _____
City _____ Zip Code _____
Township or Borough _____
County _____

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2003 SEP 12 AM 10:03

Would you use this service if in need of personal/family transportation? Yes ___ No ___

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name Ralph Mc Bride
Title OWNER
Business/Organization HORIZON Senior Care
Street Address 300 BARR STREET CANNONBURGH PA.
Telephone Number 724-746-5040

Are you authorized to speak for the above named business? Yes yes No ___

Would you use this service if in need of passenger transportation services? Yes yes No ___

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

_____ 1 - 5 trips	_____ Per Day
_____ 5 - 10 trips	_____ Per Week
<input checked="" type="checkbox"/> 10 or more	<input checked="" type="checkbox"/> Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 300 Barr St
City/Borough/Township Canonsburg
County Wash

Destination: Street Address 159 Waterden Rd
City/Borough/Township N. Strabane
County Wash.

Would you require a return trip? Yes No _____

2) Begin: Street Address 300 Barr St
City/Borough/Township Canonsburg
County Wash.

Destination: Street Address 95 Leonard Ave
City/Borough/Township Washington
County Wash.

Would you require a return trip? Yes No _____

3) Begin: Street Address 300 Barr St.
City/Borough/Township Canonsburg
County Wash.

Destination: Street Address 100 Medical Blvd
City/Borough/Township N. Strabane
County Wash.

Would you require a return trip? Yes No _____

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8-25-03 Signature Ralph McBride

Printed Name Ralph McBride / owner

APPLICATION OF GREEN'S TAXI, INC.
Docket No. A-00115729 - Folder 3, ~~Am-A~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

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RECEIVED
OFFICE OF
TRANSPORTATION & SAFETY
2008 SEP -2 4:10:03

Section 1

Name _____
Street Address _____
City _____ Zip Code _____
Township or Borough _____
County _____

Would you use this service if in need of personal/family transportation? Yes ___ No ___

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name Thomas B. Lowden
Title Administrator
Business/Organization Beverly Healthcare Canonsburg
Street Address 201 Village Drive Canonsburg PA 15317
Telephone Number (724) 746-1300

Are you authorized to speak for the above named business? Yes No

Would you use this service if in need of passenger transportation services? Yes No

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<u> </u> 1 - 5 trips	<u> </u> Per Day
<u> </u> 5 - 10 trips	<input checked="" type="checkbox"/> Per Week
<input checked="" type="checkbox"/> 10 or more	<u> </u> Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 201 Village Dr.
City/Borough/Township Cornsburg
County Wash.

Destination: Street Address 100 Medical Blvd
City/Borough/Township N. Strabane
County Wash.

Would you require a return trip? Yes No

2) Begin: Street Address 201 Village Dr.
City/Borough/Township Cornsburg
County Wash

Destination: Street Address 155 Wilson Ave
City/Borough/Township Washington
County Wash.

Would you require a return trip? Yes No

3) Begin: Street Address 201 Village Dr.
City/Borough/Township Cornsburg
County Wash.

Destination: Street Address 380 W. Chestnut
City/Borough/Township Washington
County Wash

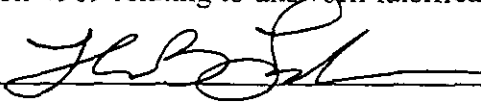
Would you require a return trip? Yes No

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No _____.

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

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Dated 8/18/03 Signature 
Printed Name Thomas B. Lowden

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, ~~Ann A~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

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Section 1

Name _____
Street Address _____
City _____ Zip Code _____
Township or Borough _____
County _____

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2003 SEP - 2 A 11:03

Would you use this service if in need of personal/family transportation? Yes ___ No ___

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name David Ferrara
Title D.O.N.
Business/Organization Beverly Healthcare Carlisleburg
Street Address 201 Village Drive Carlisleburg PA
Telephone Number 724-726-1300

Are you authorized to speak for the above named business? Yes X No ___

Would you use this service if in need of passenger transportation services? Yes X No ___

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

_____ 1 - 5 trips _____ Per Day
_____ 5 - 10 trips _____ Per Week
 10 or more _____ Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 201 Village Dr.
City/Borough/Township N. Strabane Township
County Wash.

Destination: Street Address 3001 Westwood Place
City/Borough/Township Peters Township
County Wash.

Would you require a return trip? Yes No _____

2) Begin: Street Address 201 Village Dr.
City/Borough/Township N. Strabane Township
County Wash.

Destination: Street Address 1571 Westwood Rd
City/Borough/Township N. Strabane
County Wash.

Would you require a return trip? Yes No _____

3) Begin: Street Address 201 Village Dr.
City/Borough/Township N. Strabane
County Wash.

Destination: Street Address 95 Leonard
City/Borough/Township Washington
County Wash.

Would you require a return trip? Yes No _____

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No X

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

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Dated 8/18/03

Signature



Printed Name

DAVIS FERRARO

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, ~~Folder A~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

Please note if you are filling out this form in an individual capacity, please complete Section 1 and Section 3. If you are filling out this form and speaking on behalf of a business/organization, please complete Section 2 and Section 3. It is important that all persons completing this statement fill out Section 3.

RECEIVED
REGULATORY
SAFETY
2003 SEP - 2 AM 10:03
RANSF. STAFF

Section 1

Name _____
Street Address _____
City _____ Zip Code _____
Township or Borough _____
County _____

Would you use this service if in need of personal/family transportation? Yes ___ No ___

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name MARTHA L. CLISTER
Title DIR/Human Resources
Business/Organization Canonsburg General Hospital
Street Address 100 Medical Blvd., Canonsburg, PA 15317
Telephone Number 724-873-5887
Are you authorized to speak for the above named business? Yes No

Would you use this service if in need of passenger transportation services? Yes No

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<input checked="" type="checkbox"/> 1 - 5 trips	<input type="checkbox"/> Per Day
<input type="checkbox"/> 5 - 10 trips	<input checked="" type="checkbox"/> Per Week
<input type="checkbox"/> 10 or more	<input type="checkbox"/> Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 100 Medical Blvd
City/Borough/Township N. Strabon Township
County Wash.

Destination: Street Address 121 N. Central
City/Borough/Township Conestoga Borough
County Wash.

Would you require a return trip? Yes No

2) Begin: Street Address 100 Medical Blvd
City/Borough/Township N. Strabon Township
County Wash.

Destination: Street Address 155 Wilson Ave
City/Borough/Township City of Washington
County Wash.

Would you require a return trip? Yes No

3) Begin: Street Address 100 Medical Blvd
City/Borough/Township N. Strabon Township
County Wash.

Destination: Street Address 300 Barr St.
City/Borough/Township Conestoga Borough
County Wash.

Would you require a return trip? Yes No

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No _____

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8-18-03 Signature Martha L. Clister

Printed Name MARTHA L. CLISTER

APPLICATION OF GREEN'S TAXI, INC.
Docket No. A-00115729 - Folder 3, ~~A~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

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Section 1

Name _____
Street Address _____
City _____ Zip Code _____
Township or Borough _____
County _____

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2003 SEP -2 AM 10:03

Would you use this service if in need of personal/family transportation? Yes ___ No ___

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name Bernie Malpanti
Title Office Manager
Business/Organization TMS Car Wash
Street Address 405 Old Pike St. Dig Pt. 15317
Telephone Number 724-873-0908

Are you authorized to speak for the above named business? Yes No ___

Would you use this service if in need of passenger transportation services? Yes No ___

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<u>X</u> 1 - 5 trips	_____ Per Day
_____ 5 - 10 trips	<u>X</u> Per Week
_____ 10 or more	_____ Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 405 Old Pike St
City/Borough/Township Caronsburg
County Wash.

Destination: Street Address 183 Cokespring Rd
City/Borough/Township Caronsburg
County Wash

Would you require a return trip? Yes X No _____

2) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

3) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No X

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8/20/03 Signature B. Malpassi
Printed Name B. MALPASSI

APPLICATION OF GREEN'S TAXI, INC.
Docket No. A-00115729 - Folder ~~3~~ ~~Ann A~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

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Section 1

Name John Zirkler
Street Address 123 W. Main St.
City _____ Zip Code _____
Township or Borough _____
County Washington

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY
2003 SEP -2 11:10:03

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____
Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<u> </u> 1 - 5 trips	<u> </u> Per Day
<u>✓</u> 5 - 10 trips	<u> </u> Per Week
<u> </u> 10 or more	<u>✓</u> Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 523 E. MULLAN
City/Borough/Township LANCASTER
County WASHINGTON

Destination: Street Address TRUCK STOP
City/Borough/Township SEWELL
County ALLEGANY

Would you require a return trip? Yes ✓ No

2) Begin: Street Address TRUCK STOP TRUCK HILLS
City/Borough/Township
County ALLEGANY

Destination: Street Address 523 E. MULLAN
City/Borough/Township LANCASTER
County WASHINGTON

Would you require a return trip? Yes No

3) Begin: Street Address
City/Borough/Township
County

Destination: Street Address
City/Borough/Township
County

Would you require a return trip? Yes No

Page Three

Application of Green's Taxi, Inc.

Docket No. A-00115729 - Folder 3, Am-A

C. Have you ever filled out a similar form in support of another application of this type?

Yes _____ No

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 7-20-03 Signature [Handwritten Signature]

Printed Name LANCE H. HARRIS

APPLICATION OF GREEN'S TAXI, INC.
Docket No. A-00115729 - Folder 3, ~~Am-A~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

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Section 1

Name Tommy Martin
Street Address 1234 Main St
City CDJ Zip Code _____
Township or Borough CDJ
County CDJ

RECEIVED
OFFICE OF
TRANSPORTATION & SAFETY
2003 SEP -2 11:10:03

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<u> </u> 1 - 5 trips	<u> </u> Per Day
<u>✓</u> 5 - 10 trips	<u>✓</u> Per Week
<u> </u> 10 or more	<u> </u> Per Month

Travel to
NICK

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 10 IRON ST
City/Borough/Township CANTONSHURP
County WA

Destination: Street Address MARK'S HOUSE
City/Borough/Township CANTONSHURP
County WA

Would you require a return trip? Yes ✓ No

2) Begin: Street Address 10 IRON ST
City/Borough/Township CANTONSHURP
County WASHINGTON

Destination: Street Address SIX-N-SAVE
City/Borough/Township CANTONSHURP
County WA

Would you require a return trip? Yes ✓ No

3) Begin: Street Address
City/Borough/Township
County

Destination: Street Address
City/Borough/Township
County

Would you require a return trip? Yes No

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No _____

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8-22-05 Signature [Handwritten Signature]

Printed Name [Handwritten Name]

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder ~~3, Am-A~~

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Section 1

Name Adeline Zimecki
Street Address 105 COAL ST.
City INDEPENDENCE Zip Code 15057
Township or Borough WILKESBORO
County WASHINGTON

RECEIVED
INSTEAD OF
TRANSPORTATION & SAFETY
2003 SEP - 2 AM 10:03

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

_____ 1 - 5 trips

_____ Per Day

5 - 10 trips

_____ Per Week

_____ 10 or more

Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 105 COAL ST
City/Borough/Township _____
County McDONALD PA 15057

Destination: Street Address POST OFFICE
City/Borough/Township McDONALD
County WASHINGTON

Would you require a return trip? Yes No _____

2) Begin: Street Address Mount Eagle
City/Borough/Township _____
County WASHINGTON

Destination: Street Address 105 COAL ST
City/Borough/Township McDONALD
County WASHINGTON

Would you require a return trip? Yes No _____

3) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

C. Have you ever filled out a similar form in support of another application of this type?

Yes _____ No

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8-20-03 Signature *Valene Zimski*

Printed Name Valene Zimski

APPLICATION OF GREEN'S TAXI, INC.
Docket No. A-00115729 - Folder ~~3~~ 4-A

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

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Section 1

Name BT KELLY
Street Address 10 IRON ST Apt 3A
City CANONSBURG Zip Code 15317
Township or Borough CANONSBURG
County CANONSBURG Pa.

RECEIVED
BUREAU OF SAFETY
TRANSPORTATION
2003 SEP - 2 PM 10:03

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<u> </u> 1 - 5 trips	<u> </u> Per Day
<u> </u> 5 - 10 trips	<input checked="" type="checkbox"/> Per Week
<input checked="" type="checkbox"/> 10 or more	<u> </u> Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 10 IRON ST.
City/Borough/Township ROCKY HILL
County V.G.

Destination: Street Address PAVE'S HOUSE WORK
City/Borough/Township CHICAGO
County V.G.

Would you require a return trip? Yes No

2) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

3) Begin: Street Address _____
City/Borough/Township _____
County _____

Destination: Street Address _____
City/Borough/Township _____
County _____

Would you require a return trip? Yes _____ No _____

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No X_____.

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8/20/03 Signature BJ KELLY
Printed Name BJ Kelly

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, AMPA

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Section 1

Name Lois Sloan
Street Address 223 Smithfield St Apt 8
City Washington, Pa Zip Code 15317
Township or Borough _____
County Washington

Would you use this service if in need of personal/family transportation? Yes No

2003 SEP - 2 11:10:03
RECEIVED
BUREAU OF
TRANSPORTATION SAFETY

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

 1 - 5 trips Per Day
✓ 5 - 10 trips ✓ Per Week
 10 or more Per Month

WASH
"TAXI BELL"

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address KFC - Taco Bell
City/Borough/Township Canonsburg
County WASHINGTON

Destination: Street Address Shop - No. 5 Ave
City/Borough/Township Canonsburg
County WASHINGTON

Would you require a return trip? Yes ✓ No

2) Begin: Street Address 773 Smithfield
City/Borough/Township Canonsburg
County Wash.

Destination: Street Address KFC - Taco Bell
City/Borough/Township Canonsburg
County Wash.

Would you require a return trip? Yes X No

3) Begin: Street Address
City/Borough/Township
County

Destination: Street Address
City/Borough/Township
County

Would you require a return trip? Yes No

C. Have you ever filled out a similar form in support of another application of this type?
Yes _____ No ✓

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

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Dated 8-20-03 Signature Lori J Slaven

Printed Name Lori J Slaven

APPLICATION OF GREEN'S TAXI, INC.

Docket No. A-00115729 - Folder 3, ~~Am-A~~

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Section 1

Name Kendra Fernald
Street Address 10 Iron St Apt 1D
City Danvers, VA Zip Code 20119-5317
Township or Borough Danversburg
County Washington

2009 SEP 2 AM 10:03

RECEIVED
BUREAU OF
TRANSPORTATION & SAFETY

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

_____ 1 - 5 trips

_____ 5 - 10 trips

 10 or more

_____ Per Day

 Per Week

_____ Per Month

USE FOR
WORK

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 10 Iron St
City/Borough/Township CANONSBURG
County W.A.

Destination: Street Address RITE AID
City/Borough/Township CANONSBURG
County W.A.

Would you require a return trip? Yes No _____

2) Begin: Street Address RITE AID
City/Borough/Township _____
County _____

Destination: Street Address TINY "GROC." STORE
City/Borough/Township CANONSBURG
County W.A.

Would you require a return trip? Yes No _____

3) Begin: Street Address TINY STORE
City/Borough/Township CANONSBURG
County W.A.

Destination: Street Address 10 Iron St
City/Borough/Township CANONSBURG
County Washington

Would you require a return trip? Yes _____ No _____

C. Have you ever filled out a similar form in support of another application of this type?


Yes _____ No

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated: 6-20-03

Signature 

Printed Name Kendra Ferold

APPLICATION OF GREEN'S TAXI, INC.
Docket No. A-00115729 - Folder ~~3~~ ~~Am 4~~

The following survey is to be completed by persons supporting Green's Taxi, Inc.'s Application to the PUC to begin providing taxi service to this area. This passenger taxi service would be available on a call or demand basis. Please take a moment and fill it out as thoroughly as possible.

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Section 1

Name MAUREEN WATKINS
Street Address 750 WASHINGTON BL
City PGH Zip Code 15228
Township or Borough MT. LEBANON
County Allegheny

RECEIVED
OFFICE OF
TRANSPORTATION & SAFETY
2003 SEP -2 4:10:03

Would you use this service if in need of personal/family transportation? Yes No

Section 2

If you represent a business or organization, and are not just speaking for yourself as an individual, please fill out below.

Name _____
Title _____
Business/Organization _____
Street Address _____
Telephone Number _____

Are you authorized to speak for the above named business? Yes _____ No _____

Would you use this service if in need of passenger transportation services? Yes _____ No _____

Section 3

A. Please give your best estimate of how frequently you would possibly use a taxi service if one were available. Please keep in mind that you are not guaranteeing the applicant a certain amount of business, you are only providing an estimate of use.

Number of Trips: Please choose one from each column

<u> </u> 1 - 5 trips	<u> </u> Per Day
<u>✓</u> 5 - 10 trips	<u>✓</u> Per Week
<u> </u> 10 or more	<u> </u> Per Month

B. Please think of the possible destinations you could envision using a taxi to reach, maybe a trip to the grocery store, the doctor, the airport or to visit friends. Fill in below, being as exact as possible, the point where you would likely begin your trip and the location of your destination.

1) Begin: Street Address 750 Washington Rd
City/Borough/Township PA
County Allegheny

Destination: Street Address 2150 Washington Rd
City/Borough/Township PA
County Washington

Would you require a return trip? Yes ✓ No

2) Begin: Street Address 3150 Washington Rd Self
City/Borough/Township PA WORK
County Washington

Destination: Street Address 750 Washington Rd
City/Borough/Township PA
County Allegheny

Would you require a return trip? Yes No

3) Begin: Street Address
City/Borough/Township
County

Destination: Street Address
City/Borough/Township
County

Would you require a return trip? Yes No

C. Have you ever filled out a similar form in support of another application of this type?

Yes _____ No

If Yes, please give name of applicant. _____

VERIFICATION OF STATEMENTS

The undersigned deposes and says that he/she is the person who signed the statement for the above-captioned 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 are made subject to the penalties of 18 Pa. C. S. Section 4909 relating to unsworn falsification to authorities.

Dated 8-20-03 Signature *[Handwritten Signature]*

Printed Name *[Handwritten Name]*