

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
TAXICAB AUTHORITY  
2090 E. Flamingo Road, Suite 200  
Las Vegas Nevada 89119  
Telephone (702) 668-4000 • Fax (702) 668-4001  
Long Route Voluntary Witness Statement –PLEASE PRINT**

Name:  
Address:  
Phone Number:  
E-Mail:

I, \_\_\_\_\_ of: \_\_\_\_\_,  
*(Name)* *(Residence City and State)*

being first duly sworn, deposes and says:

That on \_\_\_\_\_  
*(Day/date/time)*

I entered \_\_\_\_\_, driven by  
*(Cab Company, Cab Number, NV license plate if known)*

\_\_\_\_\_, at \_\_\_\_\_ in Clark County,  
*(Name and/or Permit Number of Driver, if known)* *(Location of pick up)*

Nevada and told the cab driver that I wanted to go to \_\_\_\_\_.  
*(Destination Location)*

**Mark the box below that you believe applies to your situation (leave blank if neither applies).**

\_\_\_\_\_ The Taxicab Driver did not have a discussion with me/us, about the different routes that could have been taken to our destination.

\_\_\_\_\_ The Taxicab Driver did have a discussion with me/us about the route/way to be taken, but did not mention that one route was longer.

The facts that are the basis for my belief that the taxicab driver took a longer route to my destination than was necessary are (*e.g., freeways, amount charged, distance, how long the trip took, comparison to prior trips, etc.*):

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

\_\_\_\_\_  
*Date*

This statement was made and sworn before me on the \_\_\_\_\_ of \_\_\_\_\_, 200\_\_\_\_\_.

\_\_\_\_\_  
Notary