



LETTER REQUEST FORM FOR: CHANGE OF ROUTE

Address: _____

Contact Number(s): _____

The Licensing Committee
Transport Authority
119 Maxfield Avenue
Kingston 10

(Date)

Dear Sirs,

I am/We are _____ owner(s) of a _____.

I /We presently operate the route _____ to _____. I/We
would like to **change the route** to _____ to _____ for the
following reasons:

_____.

Thank you for your time and consideration.

Yours truly,
