

## RATE CARD AUTHORIZATION STATEMENT

(One statement per business; New rate card must be attached)

I (We), ow	ner(s) of				Tax
Business, desire	to change the rate ch	narged as refle	cted on the attac	hed rate	card and
understand that a	ıll taximeters for the b	ousiness must	be recalibrated b	y a certifi	ed
calibrator on a foi	m provided by the C	ity and the for	n returned to the	City Clerk	k within
10 business days	of this filing, in comp	oliance with Tit	le 5, Chapter 2,	Section 8,	of the
City Code of lowa	a City, Iowa.				
(Statement m	ust be signed by ow	vners represe	nting at least 51	% of bus	siness)
Date	Owner(s)			(	%)
				(	%)
State of Iowa Johnson County	) )SS: )				
	y ofsaid County, in said S			rsigned, a	a Notary
	) named in and who				
and acknowledge	d that they executed	the same as t	neir voluntary act	and deed	d.
		Notary Publ	ic in and for the S	State of Io	 wa