**IL2**

|  |  |
| --- | --- |
| sandwell_mbc_col | TAXI LICENSING OFFICE  WATERFALL LANE  CRADLEY HEATH  WEST MIDLANDS  B64 6RL  0121 569 6655  taxi\_licensing@sandwell.gov.uk |

**LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1976**

**CONVICTION/CAUTION/FIXED PENALTY INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Badge Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Badge Type: PHD/DL/HCD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am writing to inform you that I have received the following conviction/ caution/ fixed penalty notice for:

|  |  |  |  |
| --- | --- | --- | --- |
| Offence | Court /  Police Station | Date | Sentence |
|  |  |  |  |

I understand that I may be required to attend the Licensing Committee, which may result in action being taken in relation to my current licence

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please either return the form by post to the above address or send by email to:

taxi\_licensing@sandwell.gov.uk