



## REQUEST FOR EMERGENCY SERVICE TOLL REIMBURSEMENT

**Purpose:** This form is completed by a qualifying ambulance or fire service (as defined by §100-b and §115-a of the Vehicle and Traffic Law) to request reimbursement of toll(s) incurred on the Thruway system during an emergency operation (as defined by §114-b of the Vehicle and Traffic Law) in accordance with §378-a of the Public Authorities Law.

**INSTRUCTIONS:**

- Complete Sections I through III. Official documentation detailing each emergency operation must be attached to this Request and must include the following details:
  - o Date and time of trip
  - o Start Location
  - o Driver Name
  - o Purpose of trip
  - o Destination
  - o Crew Leader/Attendant Name (if applicable)
- Within 90 days from the date of the emergency operation, submit completed Request, official documentation and toll receipt (if applicable) to the above address, fax number or e-mail address.
- Please allow 30 days from the date of Request submission for a check refund or 14 days for an E-ZPass account credit. Denied Requests will be returned.

**NOTES:** Tolls incurred on the return trip following an emergency operation are not reimbursable.

**Section I Emergency Service Information**

Emergency Service Provider				Federal ID No.	
Mailing Address		City	State	Zip Code	Phone No. (    )    -

**Section II Emergency Operation Information**

Detailed Trip Information (If E-ZPass customer, provide transaction information from statement.)

Trip	Date	Entry Time	Entry Plaza	Exit Time	Exit Plaza	Toll Amount	Purpose (See Codes Below)	Toll Payment	
								E-ZPass Tag/Violation No.	Cash*
1								<input type="checkbox"/> Yes	<input type="checkbox"/> No
2								<input type="checkbox"/> Yes	<input type="checkbox"/> No
3								<input type="checkbox"/> Yes	<input type="checkbox"/> No
4								<input type="checkbox"/> Yes	<input type="checkbox"/> No
5								<input type="checkbox"/> Yes	<input type="checkbox"/> No
6								<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* If toll was paid in cash, receipt must be attached to this Request.

**Purpose Codes**

<i>Responding to a(n):</i> R-1 Accident      R-4 Fire Call R-2 Disaster      R-5 Actual or potential release of hazardous materials R-3 Police Call	<i>Transporting:</i> T-1 Sick or injured person T-2 Blood or blood products in a situation involving an imminent health risk
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O-1 Other (explain) \_\_\_\_\_

Comments/additional information related to the emergency operation/services provided.

**Section III Authorization**

Signature below certifies that the emergency service provider named above is eligible for toll reimbursement for the above emergency operation(s) and that all information provided is true and accurate to the best of my knowledge.

_____ Authorized Representative Name (print or type)	_____ Authorized Representative Title
_____ Authorized Representative Signature	_____ Date

**Section IV For Authority Use Only**

Reviewer's Initials	Refund Amount	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	_____ E-ZPass Operations Manager or Designee	_____ Date
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