



Affidavit of Lost or Stolen Medallion or Ratecard (owner)

State of _____

Ss:

County of _____

I, _____ being sworn, deposed and says:

That I am the (an officer of _____),

Owner of medallion number _____.

That I make this affidavit based upon personal knowledge of the facts therein stated.

That said medallion, rate card and/or vehicle was lost or stolen (circle which applies) on _____

That, if lost or stolen, said loss or theft was reported to the police on _____
(date) at _____ precinct, under complaint number _____.

That this affidavit is being submitted to induce the Taxi and Limousine Commission to issue replacement medallion and/or rate card.

That deponent knows of his own knowledge that no other person(s) or corporation(s) has any right, title or interest in or to said medallion and/or rate card pursuant to any contract of sale, leasing agreement or other instrument or agreement.

Wherefore, it is respectfully requested that the Taxi and Limousine Commission issue replacement medallion and/or rate card to the undersigned.

NOTICE:

1. The submission of a false affidavit will make affiant liable to possible Administrative and/or criminal penalties.
2. Should your medallion and/or rate card be recovered, your failure to immediately return it to the Taxi and Limousine Commission may result in administrative and/or criminal penalties.

Sworn to before me this

_____ (day)
of _____ (month) 20_____.

Print Name

Signature

Notary Signature

TLC PERSONNEL USE ONLY

REASON FOR REQUEST

- | | | | |
|---|--|---|--------------------------------|
| <input type="checkbox"/> Lost/Stolen | <input type="checkbox"/> Appeals/Legal Dept. | <input type="checkbox"/> Confiscated by NYPD, etc | |
| <input type="checkbox"/> Confiscated by TLC | <input type="checkbox"/> Late Renewal | <input type="checkbox"/> Destroyed Credential | <input type="checkbox"/> Other |

Medallion/RateCard

NAME OF OWNER: _____ MEDALLION NO. _____

OR

CORPORATION NAME: _____

Name of TLC Employee

Date

Signature of TLC Employee