



Meera Joshi
Commissioner

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REQUEST FOR VEHICLE RETIREMENT EXTENSION

Date: _____ Medallion Number: _____

Name: _____

Address: _____

Telephone: _____ Email: _____

Part I - Length of Extension Request (check one)

I am requesting a vehicle retirement extension for:

4 Months _____ (Complete Part II)

1 Year _____ (Complete Part II)

4 Months because the Vehicle is not available _____ (Complete Part III)

Date of Scheduled Vehicle Retirement: _____

Date of Next Inspection: _____

Part II – Extension Request

Please describe *in detail* your hardship. Explain fully why you cannot replace your vehicle at this time. You MUST attach copies of tax returns, bills, ledger sheets, medical reports, or any other documents that you believe will assist the TLC in evaluating your request and support your claim of a hardship. (All requests submitted due to financial hardship must be accompanied by your most recent income tax return.)

