

FLEET PROGRAM LEASE RIDER

Mail to: NYC Department of Finance, Fleet Program, 59 Maiden Lane, 20th Floor, New York, NY 10038

Instructions: Leasing companies participating in the Department of Finance's (DOF) Fleet Program can complete this rider to direct DOF to send notices regarding outstanding parking and camera violations to lessees. If you need assistance or have any questions, please contact the Fleet Unit at (212) 291-2577 or fleetrental@finance.nyc.gov.

SECTION I - LEASE RIDER INFORMATION

PLEASE PRINT OR TYPE

Enter Fleet/Rental Program ID:

F/R

1. Company Name (Lessee): _____

2. Lessee DBA Name (if applicable): _____

3. Leasing Company Name (Lessor): _____

4. Lessor DBA Name (if applicable): _____

5. Lessor Mailing Address: _____

NUMBER AND STREET

CITY

STATE

ZIPCODE

[illegible]

The Lessor consents to the above-named Company, rather than the Lessor, receiving Department of Finance (DOF) mail notices of any outstanding parking violations and impending default judgments for plates for which Lessor is the DMV registrant and enrollee in the DOF Commercial Fleet/Rental Programs. The Lessor understands that pursuant to New York State Vehicle and Traffic Law Section 239(2) the Lessor (as the vehicles' registrant) is jointly and severally liable with the Company for parking violations (although if any fines or penalties are paid by the Lessor, the Lessor may recover such amounts from the Company). The Lessor agrees that the Company is the agent of the Lessor for the receipt of notices of parking violations and for any and all notices of outstanding summonses and impending default judgments that DOF may issue, by virtue of the vehicles' enrollment in the DOF Commercial/Fleet Rental Programs, as if such notice had been given to the Lessor, and that such notification made by DOF to the Company shall also be deemed to be lawful notice to the Lessor. The Lessor understands that it may obtain from DOF, upon its written request, the parking violation status of any and all Lessor vehicles enrolled by the company.

Printed Name, Title and Signature of Lessor or Authorized Officer of Lessor:

PRINTED NAME

TITLE

SIGNATURE

DATE _____

SECTION II - SIGNATURE AND CERTIFICATION

I certify that _____ is the authorized company official named in this document and is authorized to sign the same; that this document was signed and delivered by the company as its voluntary act duly authorized and I attest to the truth of these facts.

Attesting Witness' Signature

Signed and sworn to before me

on _____, 20_____

Notary Public