



EMERGENCY AUTHORIZATION NUMBER FORM

Rev. 5/16/14

Date / /	NYC DOT CONTACT NUMBERS	
	BUSINESS HOURS (8:30am-3:25pm)	NON-BUSINESS HOURS (3:30pm-8:25am)
	TEL: 212.839.9660 FAX: 212.839.2996	TEL: 718.433.3340 FAX: 718.433.3447

SECTION A: Applicant Information

1. Permittee ID#: _____ 2. Permittee Name: _____

3. Address: _____

4. Caller Name: _____ 5. Tel #:() - _____

6. Employee ID#: _____ 7. Fax #:() - _____

8. Company Official To Certify Emergency Status: _____ 9. Tel #: () - _____

SECTION B: Nature of the Emergency

10. Is service cut off to anyone? YES NO

10a. If YES, When was the service cut off? Date: _____/_____/_____ Time: _____

11. What is the Nature of the Emergency? (Describe in Detail):

SECTION C: Location of Emergency (Check One)	SECTION D: Type of Permit Requested (Check One)
<input type="checkbox"/> MANHATTAN <input type="checkbox"/> BRONX <input type="checkbox"/> BROOKLYN <input type="checkbox"/> STATEN ISLAND <input type="checkbox"/> QUEENS	<input type="checkbox"/> 0301 TELEPHONE <input type="checkbox"/> 0304 GAS LEAK <input type="checkbox"/> 0301 ELECTRICAL <input type="checkbox"/> 0305 AIR PRESSURE <input type="checkbox"/> 0301 TELECOMMUNICATIONS <input type="checkbox"/> 0306 GAS PRESSURE <input type="checkbox"/> 0302 WATER <input type="checkbox"/> 0303 STEAM <input type="checkbox"/> OTHER: _____

On Street:	Recorded#:	Official Use Only	
		MOSAICS#:	
Cross Street #1:			
Cross Street #2:			
On Street:	Recorded#:		
Cross Street #1:			
Cross Street #2:			
On Street:	Recorded#:		
Cross Street #1:			
Cross Street #2:			
On Street:	Recorded#:		
Cross Street #1:			
Cross Street #2:			
On Street:	Recorded#:		
Cross Street #1:			
Cross Street #2:			

Official Use Only			
DOT OPERATOR		Date:	/ /