



REQUEST FOR SIGN LANGUAGE INTERPRETER

Mail to: NYC Department of Finance, ADA Coordinator, 1 Centre Street, Room 500, New York, NY 10007

Use this form if you wish to request a Sign Language Interpreter for transactions at Finance.

SECTION I: CONTACT INFORMATION

(Please Print or Type)

Name: _____
FIRST NAME LAST NAME

Address: _____
NUMBER AND STREET

City: _____ State: _____ Zip Code: _____

Daytime Contact Telephone Number: (____) _____ Email Address: _____

SECTION II: FOR PARKING TICKET APPEALS

Complete this section ONLY IF you have filed an Application For Appeal. Otherwise, go to Section III.

I have scheduled a parking appeal: YES NO If yes, please indicate date: ____/____/____

If no, and you wish to appeal the Administrative Law Judge's decision, you must complete and submit an "Application for Appeal" within 30 days of the decision. Visit nyc.gov/finance for a copy of this form or call 311. If you are outside of New York City, call 212-NEW-YORK. For TTY service for the hearing impaired, call 212-504-4115.

SECTION III: FOR ALL OTHER REQUESTS

Please describe the nature of your request: _____

In order to process your request for a Sign Language Interpreter, please complete, sign and submit this form ten days before you require the services of a sign language interpreter.

SECTION IV: SIGNATURE

This form must be completed and signed by the applicant or representative.

 Date: ____/____/____

INSTRUCTIONS

Mail the completed application to the address indicated above. Finance will contact you to schedule an appointment. If you are unable to make a scheduled appointment and you are requesting a parking appeal, you may wish to appeal by mail. If you cannot attend your scheduled appeal, please call our ADA Coordinator at 212-669-4488 or 311. If you are outside of New York City, call 212-NEW-YORK. For TTY service for the hearing impaired, call 212-504-4115.