



AUTHORIZED REPRESENTATIVE FORM

I, _____,
PRINT Name of Respondent/Officer/Employee

of _____, _____
PRINT Name of Respondent Company TLC License/Medallion/Base Number

authorize _____ or designated
PRINT Representative's Name

Representatives of _____
PRINT Representative's Name/Company

located at _____ to appear
Street Address

on my behalf for the adjudication (reschedule requests, adjournment requests, hearings, motions-to-vacate, and appeals) of all my summons(es), unless I have limited my authorization to the following summons(es):

This authorization is effective on _____ (Date). By signing this form, I revoke any previous authorizations that I may have signed with regards to my summons(es). This authorization shall continue in effect until revoked by me in writing.

Sincerely,

Respondent's Signature

<u>For Office Use Only</u>
Date Received: _____
Employee: _____
TAMIS No. _____
Representative No. _____