

APPEAL FORM

Use this form only if you want to appeal the decision from your hearing. If you accept the Judge's decision you should not submit this form. Do not use this form to respond to Commission appeals.

GENERAL INSTRUCTIONS FOR COMPLETING THE APPEAL

1. You must file an appeal within 30 calendar days of the date of the decision.
2. You must complete both sides of this form and sign your name in the appropriate signature box.
3. If you wish to request a copy of the tape recording of the hearing before you file an appeal, you must do so within 7 calendar days of the date of the decision. You must make your request for the recording by mail to the TLC's Legal Department, 5th floor, 40 Rector Street, NY, NY, 10006. You will then have twenty-one (21) calendar days from the mailing of the tape by the TLC to file your completed application for appeal.
4. Only the respondent, or an authorized representative of the respondent, may file an appeal. See Section 9, *Required Attachments, items C & D* for more information on authorized representatives.
5. Questions may be directed to the TLC Call Center at 212.227.6324

1. RESPONDENT INFORMATION (Please Print Clearly)

Name: _____

Address: _____ Apt.: _____

City: _____ State: _____

Zip Code: _____ TLC License No./I.D.No. _____

2. SUMMONS INFORMATION

I am: the owner the driver
(check one)

a representative of the owner or driver

HEARING DATE: _____

DATE OF APPEAL: _____

Does this appeal concern an order of suspension or revocation of your license? Yes No

3. SUMMONS(ES) YOU BELIEVE SHOULD BE REVERSED OR MODIFIED

| Summons Number(s) Appealed | Rule Violation(s) |
|--|-------------------|
| A. _____ | 1. _____ |
| B. _____ | 2. _____ |
| C. _____ | 3. _____ |
| D. _____ | 4. _____ |
| E. _____ | 5. _____ |
| Name and I.D. No. of Administrative Law Judge: _____ | |

4. REASON WHY YOU BELIEVE THE JUDGE'S DECISION SHOULD BE REVERSED OR MODIFIED

Print clearly, and use additional sheets if needed.

Multiple empty horizontal lines for providing reasons for appeal.

5. APPELLANT'S SIGNATURE (The person appealing)

Signature line with a small icon of a hand writing and a "Date:" label.

6. ACKNOWLEDGMENT

Owner/Operator signature (if different from person appealing)

Signature line with a small icon of a hand writing and a "Date:" label.

7. REFUND INFORMATION

If your appeal is successful, your payment(s) will be refunded to the address on file with the Commission.

8. REQUIRED ATTACHMENTS

In order to process your Appeal, we require the following documents:

- A. A copy of the original **Summons Disposition Form** (also called the decision)

9. OPTIONAL ATTACHMENTS

Items you may wish to attach to your appeal.:

- A. A copy of each original **summons**.
- B. A copy of the **Motion to Vacate Judgment** (if applicable)
- C. If you are a **representative** of the respondent and the **summonses are in judgment**: you must submit a **Motion to Vacate Judgment** and a notarized letter of authorization from the respondent (such as a power-of-attorney).
- D. If you are a **representative** of the respondent and the **summonses are not in judgment**: you must submit a notarized letter of authorization from the respondent (such as a power-of-attorney).

MAILING PROCEDURES

- MAIL APPEAL FORM TO: Taxi & Limousine Commission, Deputy Commissioner for Legal Affairs/General Counsel - Appeals Unit, 32-02 Queens Boulevard, 3rd Floor, Long Island City, New York 11101-2324