

NEW YORK STATE THRUWAY AUTHORITY

**AUTHORIZATION TO RETURN DEFECTIVE
COMMERCIAL E-ZPASSSM TAG(S)**

**TO: Attn: Commercial Tag Unit
NYS Thruway E-ZPass Service Ctr.
17 Perlman Drive
Spring Valley, NY 10977**

DATE: _____

(COMMERCIAL E-ZPASS TAG(S) ENCLOSED)

ONLY REQUESTS ACCURATELY COMPLETED WILL BE PROCESSED

FROM: Co: _____ SUBJECT: Return Tags
Acct #: _____

**A COPY OF THIS AUTHORIZATION MUST ACCOMPANY
RETURNED TAG(S)**

We are returning the following defective E-ZPass tag(s) for replacement:

(Tags listed will be quality checked. Tags that are found to be in satisfactory condition or operational, will be returned. Tags that are defective will be replaced.)

If additional space is required, please list on reverse side.

Thank you.

Thank you.
Commercial Services

returntagauthorizaion