TA-W68181 (06/2026)

Clear Form

NEW YORK STATE | Thruway Authority

Department of Revenue Management
PO Box 189
Albany, NY 12201-0189

REQUEST FOR EMERGENCY SERVICES TOLL REIMBURSEMENT

***Purpose*:** This form is completed by the emergency service provider within ninety (90) days from the date of the emergency response to obtain reimbursement resulting from traveling on the New York State Thruway.

INSTRUCTIONS:

- Highlight or circle transactions from E-ZPass statements, toll bills, or violation notices that qualify for toll reimbursement and/or dismissal of violation/toll bills.
- Completed documents must be submitted within ninety (90) days from the date of the emergency operation.
- Submit completed documents via email to rmescalations@thruway.ny.gov or fax to **(518) 471-5879**.
- Maintain records for audit purposes.

Eligible Trips:
Responding to: Accident, Disaster, Police, Fire Call or actual/potential release of hazardous materials.
Transporting: Sick/injured person or blood/blood products in a situation involving an imminent health risk.

Section I Emergency Service Provider Information

Emergency Service Provider Name			Phone No. ( ) -
Mailing Address - Street/PO Box	City	State	Zip Code -
Email Address			
Date(s) of Trip(s)			

Section II Authorization

I have reviewed and highlighted or circled the charges incurred by an emergency service provider. My signature below certifies that the emergency service provider named above incurred such tolls and that all information provided is true and accurate to the best of my knowledge. I also certify that the supporting records for the submitted transactions will be available for a minimum of one (1) year, and such records may be subject to audit by the New York State Thruway Authority.

Authorized Representative Name (print or type)

Authorized Representative Title

Authorized Representative Signature

Date