TA-W6839 (06/2025)



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Email: hqtraffic@thruway.ny.gov

FIRE DEPARTMENT RESPONSE

Purpose: This form is completed by the attending Fire Department within 90 days from the date of service only if expenses for this call have not been submitted to and/or paid by other means, including an insurance claim. Resulting stipends intend to defray, but not necessarily fully reimburse, applicant expenses.

INSTRUCTIONS:

- Complete Sections I through II. Fire Chief authorization is required in Section III.
- Submit completed form within 90 days from the date of service to the above address.

NOTE: The N	YS Thruwa	ay Authority (Authority)	reserves the right to	deny requests	made more t	han 90 days a	after the date of service.
Section I	Fire [Department Inform	mation				
Fire Departme	nt Name				Federal ID No.		
Address (Stree	et, City, St	cate, Zip Code)			Cc		County
Section II	Call I	nformation					
Person or Agency Name Requesting Response					Date of Call		Time of Call
Reason for Cal	I				ı		
Fire [Accider	nt Illness	Other				_
Thruway Locat	ion (Chec	k one and complete)					
Main Line	e or Section	on of Thruway:	İ	Service Area:			
Milepost Direction				Name			
Parking/Rest Area:				Interchange:			
Milepost Direction				Name			
	Registrati	on No. (if applicable)	Owner Name and Ad	ldress			
VEHICLE Operator Name and Address							
OR OBJECT	Vehicle or Object Description						
	venice of object bestription						
Describe the fi	re, accide	nt or incident, including	the apparent cause,	and assistance	given by you	r Department	·.
Section III	Auth	orization					
			exhausted all other n	neans of defray	ing expenses	via insurance	e claims or any other means
and, if so, will	not be red		nts for this request.	The Authority	reserves the r	right to deny	current and future stipends to
any Departmen	ne round e	o be requesting superius	Tor expenses that e	itilei coula liave	been or nav	e been dend)	rea otherwise.
	Fire Ch	ief Name	_	Fire Chief Sign	nature		 Date
Section IV		e of Traffic Manag	ement Use Onl				- Date
Service Verifica				y			
	5001	(~)	Approved By:				Date:
Reviewer's Init	iale	Stipend Amount					
Veriewel 2 IIII	iuis.	\$	Account Coding: 1001.00681.50	079200	0728SV		