Torres Rojas, Genara

FOI#13563

From:
Sent: Monday, November 12, 2012 11:36 PM
To: Duffy, Daniel
Cc: Torres Rojas, Genara; Van Duyne, Sheree
Subject: Freedom of Information Online Request Form

Information:

First Name: James
Last Name: Sage
Company: not applicable
Mailing Address 1:
Mailing Address 2:
City:
State: ny
Zip Code:
Email Address:
Phone:
Required copies of the records: Yes

List of specific record(s):
A copy of any record indicating retired Port Authority employee James Sage, , has been enrolled in the retired Port Authority EZ-Pass program. If possible, please transmit the information electronically in a PDF format to the above e-mail address.

THE PORT AUTHORITY OF NY & NJ

Daniel D. Duffy
FOI Administrator

December 13, 2012

Mr. James Sage

Re: Freedom of Information Reference No. 13563

Dear Mr. Sage:

This is a response to your November 12, 2012 request, which has been processed under the Port Authority's Freedom of Information Code (the "Code") for a copy of any record indicating retired Port Authority employee James Sage, Employee No. 26285, has been enrolled in the retired Port Authority EZ-Pass program.

Material responsive to your request and available under the Code can be found on the Port Authority's website at http://www.panynj.gov/corporate-information/foi/13563-O.pdf. Paper copies of the available records are available upon request.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Very truly yours,

Daniel D. Duffy
FOI Administrator

225 Park Avenue South
New York, , NY 10003
T: 212 435 3642 F: 212 435 7555

E-ZPass

New York Service Center

Mail To: *E-ZPass* Customer Service Center
New York Service Center
P.O. Box 149006
Staten Island, NY 10314-9006
(No faxes accepted)

NR

***E-ZPass* Information**
(to be filled out by Customer Service Center)

E-ZPass Account Number: _____

E-ZPass Tag Number: _____

Clerk No.: _____

Date Opened: 1/14/05

Approved: X Exception: _____

Port Authority Employee/Retiree E-ZPass℠ Enrollment Form

If you choose to fund the account for your personal use at non-PA crossings, you must also complete the purple sections below.

Name: SAGE (Last) JAMES (First) R (M.I.) Employee Number: _____

Address: (Ex. 1) Daytime Telephone: (_____
(Ex. 1)

City: _____ State: _____ Zip Code: _____

(1) License Plate: _____ State: _____ PIN Number: _____
(Select any four numbers that you will remember)

(2) License Plate: _____ State: _____

(1) Vehicle Make, Model and Year: HYUNDAI, SANTA FE - 04

(2) Vehicle Make, Model and Year: BUICK, LESABRE - 00

If your vehicle is not a Class 1, (a Class 1 vehicle is typically an automobile, SUV or van) with two axles and single rear wheels, you may not use the tag at any non-Port Authority crossings.

If you choose to use the Port Authority *Employee/Retiree E-ZPass* tag at Port Authority crossings ONLY (Holland and Lincoln tunnels, George Washington, Bayonne and Goethals bridges and Outerbridge Crossing), and do not want to fund the account, skip to Customer Agreement and sign.

Please remember to review E-ZPass Customer Agreement Terms and Conditions, Employee/Retiree E-ZPass Addendum and AP 40-1.01, "Port Authority E-ZPass Programs at Tunnel and Bridge Crossings," (attached), and sign form below.

Instructions: Refer to the plan descriptions and requirements on the back of this form prior to completing it. Select the plan(s) you would like to add to your E-ZPass account. In the right column, enter the required pre-payment for each plan you select. Add up the payment amounts for each plan you have selected and enter the total on line 6 (this amount will be added to your monthly replenishment.)

			Fill in amount or check to enroll
1	Basic Plan (for all facilities) Select this plan if you do not select any of the prepaid plans below.	$25.00	$
2	MTA Staten Island Resident Discount Plan (Proof of residency required) This plan is not available on two accounts simultaneously.	$ 0.00	Check here to enroll ( )
3	MTA Rockaway Resident Discount Plan (Proof of residency required) This plan is not available on two accounts simultaneously.	$ 0.00	Check here to enroll ( )
4	Thruway Tappan Zee Commuter Plan	$25.00	$
5	Thruway Tappan Zee Carpool Commuter Plan	$25.00	$
6	(Add lines 1-5) TOTAL PREPAID AMOUNT DUE	$	

Payment Information: To add most plans to your *Employee/Retiree E-ZPass* New York account, you must submit payment for the plan(s) selected above. You may either provide credit card information or include a check or money order with this form.

☐ Credit Card Payment with Automatic Replenishment* ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date: __ __ / __ __

I authorize *E-ZPass* to immediately charge my credit card for the total amount shown on line 6. Whenever my prepaid balance is $10.00 or below, I authorize *E-ZPass* to charge my credit card an amount that reflects my average monthly usage. I authorize *E-ZPass* to, on a continuing basis, obtain updated information about my credit card from the financial institution that issued the credit card, including but not limited to changes in account number and/or expiration date. I understand and agree that such charges will continue until my *E-ZPass* account is terminated or I revoke this authorization in writing. Should I fail to return my tag, require a replacement or incur an administrative fee, I authorize *E-ZPass* to charge my credit card the appropriate amount incurred under the terms of my agreement.

* _____ ____/____/____
Cardholder Signature (Required) Date

☐ Check or Money Order Payment (Please sign the customer agreement below and attach to this form a check or money order made payable to *E-ZPass*.)

Customer Agreement: My completion of this form, payment of the required deposits, and signature below constitute my agreement to use *E-ZPass* subject to all applicable terms and conditions. I understand and agree that by using *E-ZPass* facilities, the resulting charges will be deducted from my prepaid *E-ZPass* account. I understand and agree that I have read, understand, and accept the terms and conditions set forth in this form, all of which are part of my agreement.

By signing below, I agree to the Terms and Conditions outlined on the attached "*E-ZPass* Customer Agreement Terms and Conditions," "*Employee/Retiree E-ZPass* Addendum," and Port Authority AP 40-1.01 Port Authority *E-ZPass* Programs at Tunnel and Bridge Crossings.

* James Sage 1/7/05
Employee Signature (Required for All Account Types) Date

31886015

THE PORT AUTHORITY OF NY & NJ