

SOLVAY POLICE DEPARTMENT

507 CHARLES AVENUE
SOLVAY, NY 13209
315.468.2510

PARKING VIOLATION APPEAL FORM

(Please **PRINT** All Requested Information)

TICKET INFORMATION:

Ticket # (on top left corner of ticket): _____ Date Issued: _____ Time Issued: _____

Type Of Parking Violation:	No Parking Regulation.....	<input type="checkbox"/>	Parking within Fire Hydrant.....	<input type="checkbox"/>
	Limited Parking Regulation.....	<input type="checkbox"/>	Blocking Driveway	<input type="checkbox"/>
	No Parking or Standing – Bus Stop	<input type="checkbox"/>	Double Parked.....	<input type="checkbox"/>
	No Parking on Sidewalk	<input type="checkbox"/>	Corner Parking	<input type="checkbox"/>
	Parking Between 2am-5am Prohibited.....	<input type="checkbox"/>	Parking against Traffic.....	<input type="checkbox"/>
	Handicapped Zone	<input type="checkbox"/>	Odd-Even	<input type="checkbox"/>
	Uninspected Vehicle	<input type="checkbox"/>	No Parking Park Playground.....	<input type="checkbox"/>
	Other: _____			

VEHICLE INFORMATION:

Plate Number: _____ State: _____

REGISTERED OWNER INFORMATION:

Vehicle Owners Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____ Cell Phone #: _____

REASON FOR APPEAL (Please **PRINT** Clearly):

(USE REVERSE SIDE IF NECESSARY)

Operator's Signature

Date

Appeals must be revived no later than ten (10) days after the issued date. Your appeal will be reviewed by the court within ten (10) business days. Following review, a decision will be forwarded to the address provided above. The fine for this violation will not increase during the review period.

FOR OFFICE USE ONLY:

DENIED Reviewing Judge: _____

DISMISSED Date: _____

REDUCED TO: \$ _____ Comments: _____

Tkt #: _____

SOLVAY POLICE DEPARTMENT

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SOLVAY, NY 13209
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PARKING VIOLATION APPEAL FORM INSTRUCTIONS

1. Fill in the **TICKET** Number where indicated
 - a. *This will be located on the TOP LEFT corner of thicket*
2. Fill in the **DATE** the ticket was issued
3. Fill in the **TIME** the ticket was issued
4. Check the **BOX** for the violation the **TICKET** was issued for
 - a. *If a BOX is not checked, place section number or description of violation in the "OTHER" field*
5. Fill in the **LICENSE PLATE** information
6. Fill in the **STATE** the License Plate came from
7. Fill in the **REGISTRERED OWNER** information
 - a. *This information needs to be the person who OWNS the vehicle and is REGISTERED to; or*
 - b. *The name that appears on the VEHICLE's Registration card*
8. Place a contact **PHONE NUMBER** on the form
 - a. *This so that the clerk can contact you with the courts disposition on the ticket*
9. Fill out your **BRIEF** reason for **APPEAL** (**PRINT CLERLY**)
10. Sign and Date the **PARKING VIOLATION APPEAL FORM**
 - a. *It is suggested that you make a copy of the PARKING VIOLATION APPEAL FORM for your records*
11. Return or Mail the **PARKING VIOLATION APPEAL FORM** to the Village of Solvay Police Department at the address below or at the top of the **PARKING VIOLATION APPEAL FORM** before the Court Date that is on your Parking Violation Ticket
 - a. *You can also bring your PARKING VIOLATION APPEAL FORM and present it to the Judge on the Court Date mentioned on your ticket.*
12. Any questions, please feel free to contact the Solvay Police Department at 315.468.2510, and ask for the **PARKING VIOLATIONS BUREAU**

Thank you,

Village of Solvay Police Department
Parking Violations Bureau
507 Charles Avenue
Solvay, New York 13209