

# SOLVAY POLICE DEPARTMENT

507 CHARLES AVENUE  
SOLVAY, NY 13209  
315.468.2510

Verification Number \_\_\_\_\_

## 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
- DISMISSED
- REDUCED TO: \$ \_\_\_\_\_
- Reviewing Judge: \_\_\_\_\_
- Date: \_\_\_\_\_
- Comments: \_\_\_\_\_

### DEFENDANT HISTORY

- \_\_\_\_\_ 1st Offense
- \_\_\_\_\_ 2nd Offense
- \_\_\_\_\_ 3rd Offense
- \_\_\_\_\_ Multiple Dismisses
- \_\_\_\_\_ Outstanding Tickets

Tkt #: \_\_\_\_\_

# **SOLVAY POLICE DEPARTMENT**

507 CHARLES AVENUE  
SOLVAY, NY 13209  
315.468.2510

## **PARKING VIOLATION APPEAL FORM INSTRUCTIONS**

1. Fill in the **TICKET** Number where indicated
  - a. *This will be located on the TOP LEFT corner of ticket*
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 **REGISTERED 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 is so that the clerk can contact you with the court's disposition on the ticket*
9. Fill out your **BRIEF** reason for **APPEAL** (**PRINT CLEARLY**)
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