

REC'D TVB

RET'D TVB

Review Officer/Date

**CITY OF ITHACA COURT
PARKING VIOLATION APPEAL**

NAME: _____

ADDRESS: _____

CITY, STATE: _____, ZIP _____

PHONE #: _____ (Hm) _____ (Wk)

LICENSE PLATE NUMBER: _____, STATE _____

RETURN TO:

Traffic Violations Bureau
108 East Green Street
Ithaca, New York 14850

OR

Ithaca Police Dept.
Attn: Parking Appeal Officer
120 E. Clinton St.
Ithaca, New York 14850

A parking ticket violation may be appealed by completing this form and returning it to the Traffic Violations Bureau or to the attention of the Parking Appeal Officer to initiate the appeal process. Attach the ticket(s), warrant notices, and/or printouts obtained from the Traffic Violations Bureau.

TICKET NUMBER(S): _____

If you wish to appear before the Judge, you should complete this form and appear at the Ithaca City Court with the completed form on any Wednesday at 12:00 noon.

I SWEAR THAT THE STATEMENT ON THE REVERSE SIDE OF THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Appellant's Signature

Date

PROVIDE YOUR NAME, ADDRESS AND PLATE NUMBER COMPLETELY. INFORMATION ON THIS FORM WILL BE USED TO NOTIFY YOU OF THE COURT'S DECISION. PLEASE PRINT ALL INFORMATION.

APPEALS MAY BE RETURNED IF NOT COMPLETED PROPERLY.

Briefly explain why you are making your appeal:

FOR COURT USE ONLY

PARKING APPEAL OFFICER REPORT:

ORIGINAL FINES: _____

PENALTIES: _____

SCOFFLAW: _____

TOTAL: _____

INVESTIGATION/COMMENTS OF PARKING APPEAL OFFICER:

DECISION BY CITY COURT JUDGE:

FINES: _____

PENALTIES: _____

SCOFFLAW: _____

TOTAL: _____

DUE DATE: _____

COMMENTS OF CITY COURT JUDGE:

DATE: _____

INITIALS OF CITY COURT JUDGE: _____