



**PARKING/CAMERA VIOLATIONS APPEAL APPLICATION**

**Instructions:** Use this form *only* if you want to request an appeal of your hearing decision. If you accept the Judge's decision and are going to pay or have paid the amount imposed, you should *not* submit this form.

**SECTION A. RESPONDENT INFORMATION (Please Print)**

1. Name: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_  
FIRST LAST

2. Address: \_\_\_\_\_  
NUMBER AND STREET APT.NO. CITY STATE ZIP CODE

3. I am: (check one)  the registrant  the operator  a representative of the registrant or operator

**SECTION B. VEHICLE & VIOLATION INFORMATION**

1. Vehicle plate #: \_\_\_\_\_ State of Registration: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_

2. WHAT WAS THE ORIGINAL HEARING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. AMOUNT PAID: \$ \_\_\_\_\_

4. NUMBER OF VIOLATIONS BEING APPEALED: \_\_\_\_\_  
Fill in each violation number below. If you are appealing more than 7 violations, attach a separate sheet listing the additional ones.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**SECTION C. REASONS WHY YOU BELIEVE THE JUDGE'S DECISION SHOULD BE REVIEWED**

Print clearly and use additional sheets if needed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION D. APPELLANT'S OR REGISTRANT'S SIGNATURE**

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If your ticket(s) is already in judgment, while you are waiting for your appeal decision, interest may be added and towing and other enforcement actions may be taken. You can avoid this by paying your outstanding parking debt.**

### **APPLICATION INSTRUCTIONS**

1. Only the registered owner, the driver or an authorized representative of either (such as an attorney) may request an appeal. (See Section A.)
2. You must request your appeal within 30 calendar days of the hearing decision.
3. If you wish to appeal in person, we will schedule it and notify you of the date and time.  
 I want to appear in person.
4. With your application, send the following (one set for each license plate):
  - a. the original Judge's decision;
  - b. a copy or copies of the original ticket(s) and/or Notices of Liability, and
  - c. copies of all evidence submitted at the original hearing.
5. The Appeals Panel will only review correct and complete applications. Incomplete, unsigned applications or those without the required documents will be returned to the applicant.
6. Once your Appeal is heard, we will send the decision to the address in Section A within 30 days of the decision date. If your appeal is successful, we will also refund any payment.
7.  I require a sign language interpreter.

### **PAYMENT INSTRUCTIONS**

- ◆ **By Internet, using credit or debit card:** go to [nyc.gov/finance](http://nyc.gov/finance).
- ◆ **At a Finance Business Center,** you may pay by credit or debit card, check, money order or cash. For locations, call 311 or go to [nyc.gov/finance](http://nyc.gov/finance)
- ◆ **By Mail:** Make your check or money order out to the "New York City Department of Finance." Do not mail cash. Write the 10-digit Parking Ticket/Camera Violation Notice of Liability number(s), the license plate number(s) and the state in which the vehicle is registered on the front of your payment.

### **MAILING INSTRUCTIONS**

Send your completed form and the required documents if:

**PAYMENT IS INCLUDED WITH APPLICATION TO:**

**NYC DEPARTMENT OF FINANCE  
ADJUDICATION DIVISION  
PO BOX 3615, CHURCH STREET STATION  
NEW YORK, NY 10008-3615**

**PAYMENT IS NOT INCLUDED WITH APPLICATION TO:**

**NYC DEPARTMENT OF FINANCE  
ADJUDICATION DIVISION - APPEALS UNIT  
66 JOHN STREET, 3RD FLOOR  
NEW YORK, NY 10038**

**Please keep a copy of your completed application and everything you submit for your records.**

**If you have questions, call 311 (24 hours / 7 days a week).**

**If calling from outside of the five NYC boroughs, please call 212-NEW-YORK (212-639-9675).**

**For TTY service for the hearing impaired, call 212-504-4115.**