

**NEW YORK CITY DEPARTMENT OF FINANCE • ADJUDICATION DIVISION****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 State of Vehicle
Plate #: _____ Registration: _____ Make: _____

2. ORIGINAL HEARING DATE: ____/____/____ 3. AMOUNT PAID: \$ _____

4. NUMBER OF VIOLATIONS BEING APPEALED: _____

Fill in each violation number below. If you are appealing more than 8 violations, attach a separate appeal application listing the additional ones.

1	<input type="text"/>	5	<input type="text"/>
2	<input type="text"/>	6	<input type="text"/>
3	<input type="text"/>	7	<input type="text"/>
4	<input type="text"/>	8	<input type="text"/>

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 tickets are already in judgment, interest may be added and towing or other enforcement actions may be taken while you are waiting for your appeal hearing decision. 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 a hearing 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 you provided in this application 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.
8. ☐ I require a language interpreter or translator.

PAYMENT INSTRUCTIONS

- ◆ **Online, using credit or debit card:** www.nyc.gov/citypay.
- ◆ **In-person:** You may pay by credit or debit card, check, money order, or cash at any Department of Finance business center. For locations, call 311 or visit www.nyc.gov/visitdof.
- ◆ **Mail:** Make your check or money order payable 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 documentation per the instructions below.

IF YOU ARE INCLUDING A PAYMENT:

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

IF YOU ARE NOT INCLUDING A PAYMENT:

**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 New York City, please call 212-NEW-YORK (212-639-9675).

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