

## 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 improved your deputid not only if their forms. imposed, you should not submit this form.

SECTION A. RESI	PONDENT INFO	PRMATION	(Please Print)						
1. Name:	o:FIRST			Daytime Phone Number:					
2. Address:	NUMBER AND STR	REET	APT.NO.		CITY	ST	ATE	ZIP CODE	
3. I am: (check one)	ne)		the operator		a representative of the registrant or operator			it or operator	
SECTION B. VEHICLE & VIOLATION INFORMATION									
1. Vehicle		St	ate of	Vehic	le				
plate #:	ate #: R			gistration: Make:					
2. WHAT WAS THE									
ORIGINAL HEARING DATE: / 3. AMOUNT PAID: \$									
5a									
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				5					
2				6					
3				7					
4				8					
SECTION C. DEA	SONE MHA AO	II BELIEVI	E THE HIDGE	'S DECISION	SHOULD BE	PEVIEWE			
SECTION C. REASONS WHY YOU BELIEVE THE JUDGE'S DECISION SHOULD BE REVIEWED									
Print clearly and use additional sheets if needed.									
r									
3									
s <del>-</del>									
1									
CECTION D. ADDELLANTIC OD DECICEDANTIC CICNATURE									
SECTION D. APPELLANT'S OR REGISTRANT'S SIGNATURE									
<b></b>						ate:			