Name:	Date:
Address:	Plate #:
	Ticket #:
Email:	
Phone #:	
I would like to appeal this citation for the following reasons:	
Thousan the to appear this station for the following reasons.	
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I fully understand that if my vehicle was towed in connection with the above violation, and my appeal is granted, I will not be liable to pay any fine or penalty, but I will be responsible for paying any towing or storage charges and these charges must be paid before my vehicle is released to me. By signing this appeals form I waive any claims I may have against the City of Plattsburgh, or the tow company, for reimbursement of towing or storage charges.	
	Signature