



Plattsburgh Police Department

# PARKING CITATION APPEAL FORM

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Plate#:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Ticket#:** \_\_\_\_\_

**Phone Number#:** \_\_\_\_\_

I would like to appeal this citation 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

Parking Officer: \_\_\_\_\_ Denied \_\_\_\_\_ Granted: \_\_\_\_\_ Date: \_\_\_\_\_

Appeal Granted: \_\_\_\_\_ Date: \_\_\_\_\_

Appeal Denied: \_\_\_\_\_ Date: \_\_\_\_\_