

REC'D TVB

RET'D TVB



**Request for Relief  
From Parking Violation Fines and/or Penalties**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE #: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_

LICENSE PLATE NUMBER: \_\_\_\_\_ STATE \_\_\_\_\_

PLEASE MAIL OR RETURN  
REQUEST TO:  
Traffic Violations Bureau  
Chamberlain's Office  
Ithaca City Hall  
108 East Green Street  
Ithaca, NY 14850

**A request for relief of fines and/or penalties may be files by completing this form and returning it to the Traffic Violations Bureau to initiate the decision process. Attach the ticket(s), warrant notices, and/or printouts obtained from the Traffic Violations Bureau.**

TICKET NUMBER(S): \_\_\_\_\_

I swear that the information provided and the statement on the reverse side of this form is true and accurate to the best of my knowledge. *If you disagree with the decision of the review board, you have a right to trial. To request a trial, sign a form provided by the Ithaca City Court, 118 E. Clinton St., Ithaca, NY 14850 and submit that form to the court, along with a copy of your ticket. The Court will notify you of the trial date.*

\_\_\_\_\_  
Requester's Signature (*Signature Required*)

\_\_\_\_\_  
Date

**PROVIDE YOUR NAME, ADDRESS AND PLATE NUMBER COMPLETELY. INFORMATION ON THIS FORM WILL BE USED TO NOTIFY YOU OF THE COURT'S DECISION. PLEASE PRINT ALL INFORMATION.**

**APPEALS MAY BE RETURNED IF NOT COMPLETED PROPERLY.**

If you are appealing a no-inspection ticket, you must attach a copy of the proof that you have had the vehicle inspected and that it passed inspection. (New York State DMV Inspection Receipt)

If you are appealing a ticket for parking without permission on a private lot, you must attach a written notice from the lot owner that the ticket was issued in error, if that is the grounds for your appeal.



Briefly explain why you are making your appeal:

---

---

---

---

---

---

---

---

---

---

---

---

\*\*\*\*\*

FOR ADMINISTRATIVE USE ONLY

TVB REPORT:

ORIGINAL FINES: \_\_\_\_\_

PENALTIES: \_\_\_\_\_

SCOFFLAW: \_\_\_\_\_

TOTAL: \_\_\_\_\_

INVESTIGATION/COMMENTS OF TVB (if applicable):

---

---

---

\*\*\*\*\*

DECISION:

FINES: \_\_\_\_\_

PENALTIES: \_\_\_\_\_

SCOFFLAW: \_\_\_\_\_

TOTAL: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

COMMENTS:

---

---

---

DATE: \_\_\_\_\_

INITIALS OF REVIEWER: \_\_\_\_\_