



TOWN OF CLIFTON PARK
STATE OF NEW YORK, COUNTY OF SARATOGA

PARKING VIOLATIONS PLEA FORM

Information from Ticket Received

The People of the State of New York -vs- The Registered Owner or Operator of the Vehicle described as follows:

TICKET #: _____ PLATE #: _____ STATE: _____

ALLEGED:
 DATE OF OFFENSE: _____ TIME OF OFFENSE: _____

Use Tab Enter Data into Form

Full Name: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____
Please provide your e-mail if you wish to receive an electronic receipt

Plead

- I plead **Guilty** to the Offense as listed on the Ticket above, and accept the offer of \$ _____.
 A separate sheet may be attached for explanations.

In Violation of:	<u>First Time Offenders* Penalty</u>	<u>If Plead Guilty and Paid w/in 20 days</u>
§194-4 Handicapped Parking	\$200.00	\$75.00
§194-5(E) Snowstorm	\$100.00	\$35.00
§194-5(H) Unsafe, Reckless or destructive	\$500.00 + restitution	No Offer
§194-5(J) Fire Lane/Hydrant	\$100.00	\$35.00
§194-5(K) Clifton Common & Parks	\$100.00	\$35.00
Other :	\$100.00	\$35.00

SEND CHECK OR MONEY ORDER with this form

Payable to: TPVA
 Send to: Traffic and Parking Violations Agency
 One Town Hall Plaza
 Clifton Park, NY 12065

- OR -

- I plead **Not Guilty** to this parking violation and I request a conference in Court. I will appear on the 2nd Thursday of the month at 5:30 pm at the following address: Town Court Building 5 Municipal Plaza, Clifton Park, NY. Please place my case on the calendar. A separate sheet may be attached for explanations.

Send to: Traffic and Parking Violations Agency
 One Town Hall Plaza
 Clifton Park, NY 12065

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge, and I have included all necessary documents or payment with this submission.

Signature: _____ Date: _____