



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: _____ AM PM

Please Print

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____
Please provide email 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 \$ _____
In Violation of:

	<u>First Time Offenders* Penalty</u>	<u>If Plead Guilty and Paid w/in 20 days</u>
<input type="checkbox"/> §194-4 Handicapped Parking	\$200.00 + \$30.00 Mandatory NYSurcharge	\$75.00 + \$30.00
<input type="checkbox"/> §194-5(E) Snowstorm	\$100.00	\$25.00
<input type="checkbox"/> §194-5(H) Unsafe, Reckless or destructive	\$500.00 + restitution	No Offer
<input type="checkbox"/> §194-5(J) Fire Lane/Hydrant	\$100.00	\$25.00
<input type="checkbox"/> §194-5(K) Clifton Common & Parks	\$100.00	\$25.00
<input type="checkbox"/> Other :	\$100.00	\$25.00

SEND CHECK OR MONEY ORDER

Payable to: TRAFFIC AND PARKING VIOLATIONS AGENCY
Send to: Town of Clifton Park
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 this address. Please place my case on the calendar.

Send to: Town Court
Traffic and Parking Violations Agency
5 Municipal Plaza, Route 146
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: _____