



**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 \$ \_\_\_\_\_  
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 + <b>\$30.00 Mandatory NYSurcharge</b>	\$75.00 + <b>\$30.00</b>
§194-5(E) Snowstorm	\$100.00	\$25.00
§194-5(H) Unsafe, Reckless or destructive	\$500.00 + restitution	No Offer
§194-5(J) Fire Lane/Hydrant	\$100.00	\$25.00
§194-5(K) Clifton Common & Parks	\$100.00	\$25.00
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 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: \_\_\_\_\_