



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:	First Time Offenders* Penalty	If Plead Guilty and Paid w/in 20 days
§194-4 Handicapped Parking	\$200.00 + \$30.00 Mandatory NYSurcharge	\$75.00 + \$30.00
§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.
 A separate sheet may be attached for explanations.

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: _____