Department of Finance 200 E. Main Street – Suite B-001 Rochester, New York 14604-1794 www.cityofrochester.gov

Please note: you may request an appeal only if a "not guilty" plea was entered at the original hearing. An appeal request must be submitted within thirty (30) calendar days from the date of the finding.

## APPEAL REQUEST FORM Print clearly or type all of the following:

1.	Appellant Information:							
	Nar	ame Telephone						
	Address							
				Zip (				
2.	Ori	iginal Hearin	g Information:					
	7	Ficket Number	Hearing Date	Determination	Fine Due	Examiner and/or ID#		
3.	Th	The following documents should accompany this application.						
A. Disposition slip(s) from the original hearing								
	В. С.	•	Receipt for money placed in <u>escrow</u> * Copy of original summons/ticket					
		*Please note: Any fines due which are not submitted with this application and placed in an escrow account with the Parking Violations Bureau will continue to be subject to further judgment, booting or other collection efforts.						
		SUPERVISOR'	S INITIALS		CLERK	'S INITIALS		

See reverse side. Both sides must be completed.

Phone: 585.428.7482 Fax: 585.428.7222 EEO/ADA Employer

## See side one. Both sides must be completed.

## Set forth the following in a clear, concise statement.

- Type of violation(s) charged
   Statement of facts
   Reasons for your appeal of the original determination

Submit all evidence material previously presented at the original hearing. No new evidence will be accepted.					
that this applica	for appeal on the statement contained herein and on the record of the hearing. I understand ation must be received in perfected form by the Parking and Municipal Code Violations office ) calendar days of my original hearing or my right to appeal is waived.				
Check one:	( ) I wish to appear.				
	( ) I do not wish to appear.				
Date	Signed				