



City of Binghamton Parking Ticket Dispute Form

by: _____

date: _____

2 Day: Y or N

Please PRINT all information requested below:

Information for Registered Owner of Vehicle:

Name: _____

Date of Birth: _____

Current Address: _____

Permanent Address: _____

Day Phone: _____

Email: _____

Information for Person Disputing Ticket:

Name: _____

Date of Birth: _____

Current Address: _____

Permanent Address: _____

Day Phone: _____

Email: _____

Ticket #

Date Issued

State

Lic Plate #

If you do not win your dispute but you postmarked or brought in your dispute request within 2 business days of the ticket date, your ticket will be charged at the reduced rate stated on the ticket.

All disputes must be postmarked or received within 30 days of the ticket date

Parking Violations Bureau

Our Address: Treasurer's Office
38 Hawley Street, 2nd Floor
Binghamton, NY 13901

Telephone: 607-772-7087

Your dispute request will be referred to the Parking Ticket Hearing Officer, who will schedule a hearing and recommend a resolution. If you do not accept this decision, the registered owner may appeal directly to the City Court Judge on the 5th floor of City Hall. Failure to satisfy this obligation may result in scofflaw being placed on your registration and a warrant being issued for your arrest. If your appeal is denied, you must pay the fine as stated within the hearing form.

Explain your grounds for this dispute. Be sure to attach any copies of supporting documents.

(If you need additional paper, please complete on the other side. Thank you!)

I swear or affirm that the above statement is true and accurate to the best of my knowledge

Appellant's Signature

Date